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ABSTRACT

The purpose of this study was to examine and describe experienced counselors' explanations of how they become aware of and deal with countertransference reactions in their practice. A qualitative, descriptive method was used. Five Canadian counselors with a minimum experience of 10 years each were investigated. They worked in public agencies or private practice using an eclectic, humanistic or behavioral approach to counseling. A semi-structured guide was used to interview them in-depth on a personally significant countertransference reaction. The analysis of data revealed the counselors' cognitive strategies for managing their countertransference reactions. They used to a large extent the same strategies regardless of their wide variety of triggers, reactions and counseling orientations. A countertransference management model was developed attributing these strategies to three stages according to the purpose served for these counselors: awareness, understanding and management. Differences in use of strategies in the management stage could be traced to differences in assessments in the understanding stage. This study provides a clearer understanding of what strategies experienced counselors use to become aware of their countertransference reactions and how they understand and manage them. Possible applications of the countertransference management model are suggested and the need for further research on its applicability and usefulness are identified. Contains 79 references. (Author/JBJ)

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COUNSELLORS' STRATEGIES FOR MANAGING THEIR STRESSFUL REACTIONS TO CLIENTS

by

ANNA LAURA FRIEDINGER

B.A., University of Victoria, 1987

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Department of Psychological Foundations in Education

We accept this thesis as confirming
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ABSTRACT

The purpose of this study was to examine and describe experienced counsellors' explanations as to how they become aware of and deal with their countertransference reactions in their actual practice. A qualitative, descriptive method was used. Five counsellors with a professional experience of a minimum of ten years were investigated. They were working in public agencies or private practice and were using an eclectic, humanistic or behavioural approach to counselling. A semi-structured guide was used to interview them in-depth on a personally significant countertransference reaction of their choice. The analysis of data revealed the counsellors' cognitive strategies for managing their countertransference reactions. They used to a large extent the same strategies regardless of their wide variety of triggers, reactions and counselling orientations. A countertransference management model was developed attributing these strategies to three stages according to the purpose they serve for these counsellors: awareness, understanding and management. Differences in the counsellors' use of strategies in the management stage could be traced to differences in their assessments in the understanding stage. Overall, this study provides a clearer understanding of what strategies experienced counsellor's use to become aware of their countertransference reactions and how they understand and manage them. Possible applications of the countertransference management model are suggested and the need for further research on its applicability and usefulness are identified.

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Table of Contents

ABSTRACT ii

TABLE OF CONTENTS iv

LIST OF TABLES vi

LIST OF FIGURES vii

ACKNOWLEDGEMENTS viii

INTRODUCTION 1

- Impetus for the Study 1
- Statement of the Problem 1
- Statement of Purpose and Research Question 3

RELATED LITERATURE AND RESEARCH 4

- Research on the Family of Origin Influence on Therapists 4
- History and Current Status of the Definition of Countertransference 6
- How Countertransference Feelings Relate to Empathy 8
- Countertransference in Other Theoretical Orientations 9
  - Humanistic Approaches 10
  - Learning Approaches 12
- Recommendations for the Management of Countertransference Feelings 14
- Research on the Influence of Self-Awareness and a Cognitive Understanding on the Management of Countertransference Feelings 19
- Summary and Implications for this Study 23

METHOD 25

- Rationale 25
- Theoretical Assumptions 26
- Development of the Interview Guide 27
  - Guidelines for Interviewing 27
  - Conceptual Framework for the Research Question 28
  - Pilot Interviews 29

Bracketing 29
Selection of Participants 30
Interviews 32
Trustworthiness Checks 34
Participant-Researcher Relationship 35
Data Analysis 38
Individual Analysis 38
Group Analysis 40
Time Line 41

FINDINGS 42
Individual Accounts 42
PETER 43
LAURA 58
OLIVER 69
ROSE 81
MIKE 96
Counsellors' Cognitive Strategies for Managing Their Stressful Reactions to Clients 106
Awareness 108
Understanding 119
Management 131
Observations on Counsellors' Use of Language 150
Summary 151

DISCUSSION 152
Significance of this Study 152
Implications for Counselling 156
Implications for Future Research 158

REFERENCES 160

APPENDIX A LETTER TO PROSPECTIVE PARTICIPANTS 166

APPENDIX B PREPARATION GUIDE FOR THE INTERVIEW 167

APPENDIX C CONSENT FORM 169

APPENDIX D PROFESSIONAL BACKGROUND QUESTIONS 170

APPENDIX E CONCEPTUAL INTERVIEW GUIDE 171

List of Tables

Page

Strategies for Managing Stressful Reactions to Clients:

Table 1. Stage I: AWARENESS 117

Table 2. Stage II: UNDERSTANDING 129

Table 3. Stage III: MANAGEMENT 147

List of Figures

Page

Figure 1. Countertransference Management Model 107

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INTRODUCTION

Impetus for the Study

In my work as a teacher, I had experienced that the essential barriers and breakthroughs in my professional performance had taken place around my own stressful reactions to certain student behaviour. Those challenges had been the most demanding and those learning experiences the most rewarding.

As a counsellor trainee, I again experienced some long-standing troublesome feelings. For example, I was confronted with my fear of aggressive behaviour in clients, because of my experience of helplessness surrounding this issue in my family of origin. When I noticed that these feelings seemed to result in the deterioration of my skills, I experienced a sense of failure. A question arose as to how experienced counsellors handle feelings, such as I experienced, so as to stay objective, to be with the client, and to use their awareness of those feelings productively.

It seemed to me that this was an important issue, not only for myself, but for many, if not all counsellors. I realized that I was experiencing what in psychoanalytic theory is known as "countertransference" and I became interested in doing research on this phenomenon.

Statement of the Problem

Research on family of origin influences on therapists suggests that therapists typically assumed parenting, care-taking, confidant, consulting and mediating roles in their family of origin (Goldklank, 1986; Henry, Sims & Spray, 1973; Racusin, Abramowitz & Winter, 1981; Reich, 1984). Having such a role seems to develop an individual's sensitivity to emotional stress in the family (Reich, 1984). On one hand, this seems

to enhance future therapists' empathy with suffering people (Harris, 1975; Racusin et al., 1981; Reich, 1984), while on the other hand, the contact with clients may trigger his or her unresolved conflicts from the past (Reich, 1984), a phenomenon most thoroughly described under the term "countertransference".

Research on empathy, that is, the accurate understanding of the client's private world as he or she experiences it, has been voluminous in the counselling field (Patterson, 1984) and the importance of counsellor empathy as a facilitative condition has been recognized in virtually all orientations of counselling (Peabody & Gelso, 1982).

The concept of countertransference has had a "shakier history" and the definition of the term countertransference has varied over the years since Freud (1910) first used the term (Peabody & Gelso, 1982).

Currently, countertransference is defined by many authors as the counsellor's "conflictual" feelings and thoughts towards the client, which are unrealistic, because they are primarily based on past relationships and unresolved conflicts of the counsellor (Robbins & Jolkovsky, 1987). However, those feelings and thoughts may include realistic components. They may be conscious or unconscious, may negatively influence counsellor behaviour or be used positively to increase the counsellor's understanding of the client (Gelso & Carter, 1985; Langs, 1974; Peabody & Gelso, 1982; Robbins & Jolkovsky, 1987).

To be aware of countertransference feelings, and to manage them appropriately, is considered important for counsellors, for ethical and therapeutic reasons, since unrecognized or poorly handled countertransference feelings result in countertransference behaviours, such as over-protection, rejection, aggression, sexual and seductive behaviour. These are detrimental to the therapy relationship and harmful to the psychological well-being of the client (Corey, Corey & Callanan, 1988; Kottler, 1987; Watkins, 1983, 1985).

The task then for counsellors becomes one of being alert to and "managing countertransference feelings so that they do not interfere with the therapeutic process by negatively influencing counsellor behaviour" (Robbins & Jolkovsky, 1987).

Two empirical studies (Peabody & Gelso, 1982; Robbins & Jolkovski, 1987) lend some support to the idea found in the clinical literature (e.g. Chessick, 1986; Kiesler, 1979; Reich, 1960; Watkins, 1985) that awareness of countertransference feelings together with a theoretical understanding of them can help prevent or reduce countertransference behaviour.

In general, it has been found that experienced counsellors manifest less countertransference behaviour than inexperienced ones. However, what strategies experienced counsellors actually use and consider satisfactory in recognizing and managing their countertransference feelings has not been researched.

Statement of Purpose and Research Question

The purpose of this study was to examine and describe how counsellors become aware of countertransference feelings and how they understand and handle them. The research question that provided a focus for this study was:

"What cognitive strategies do experienced counsellors use and consider to be satisfying in managing their counter-transference reactions?"

A clearer understanding of how experienced counsellors deal with the challenge of countertransference was expected to shed some light on how management of countertransference reactions could be introduced in counsellor training and supervision.

RELATED LITERATURE AND RESEARCH

In order to support the importance of this study, the literature has been selected and reviewed to show: (a) the family of origin influences on therapists, (b) the history and current status of the definition of countertransference in psychoanalytic theory, (c) the relationship of countertransference to empathy, (d) countertransference in other theoretical orientations, (e) clinical suggestions for dealing with countertransference feelings, and (f) research on the influence of self-awareness and a cognitive understanding for managing countertransference feelings.

Research on the Family of Origin Influence on Therapists

There is a continuing controversy in popular as well as in professional literature as to whether or not counsellors grew up in dysfunctional families, and to whether or not they are as emotionally unstable as their clients (The Atlantic Monthly, January 1989, Liaboe & Guy, 1987).

Clinical descriptions based on experience or personal accounts of trainees or professionals suggest that therapists have had painful emotional experiences in their families of origin and choose their profession as a means to heal themselves (Ford, 1963; Burton, 1972; Schmidbauer, 1977).

Although the family of origin is "universally regarded as exerting the most significant influence" (Thomas, 1985) on the development of an individual, empirical research on the family of origin's influence on counsellors and therapists is sparse.

The existing studies disagree in their judgement as to the extent of family dysfunctionality of the therapist's family of origin. Henry, Sims and Spray (1973) asserted that therapist families were no different than others. Harris (1975) and Racusin, Abramovitz and Winter (1981) stated that therapists experienced higher than average levels of emotional stress in

their families, often in the form of inadequate parental behaviour. The only study that actually compared therapists and non-helping professionals in this regard found no significant differences in families' psychological functioning (Goldklank, 1986). Except for Harris' investigation (1975), which did not address this question, all of these studies show that therapists differed significantly from siblings in the role they assumed in their family of origin. Typically, future therapists assumed parenting, caretaking, confidant, consulting or mediating roles towards their siblings and/or towards one or both of their parents. They often held a position of high esteem in their families (Goldklank, 1986). Consequently, therapists' families might not be more disturbed than other families, rather, as Reich (1984) and Racusin et al. (1981) point out, it may be that therapists were in a role where they became especially sensitized to emotional stress in the family.

On one hand, having such a role seems to further the ability to empathize with suffering people (Harris, 1975; Racusin et al., 1981; Reich, 1984) and to motivate the need to "make things well again" (Reich, 1984) - qualities of importance for professional helpers.

On the other hand, such parent-like roles are not age-appropriate and create inherent stress, for example, experiencing premature emotional burdens, being considered as different, having an outsider-observer position, bearing too high expectations on self, experiences of impotence and helplessness (Reich, 1984). Such experiences and the accompanying feelings when reactivated in the work with clients can distort the counsellors' perceptions (Reich, 1984). The resulting conflictual feelings are described in different terms depending on the author's theoretical orientation (Keller &

Protinsky, 1984). For the purpose of this study the term "countertransference" was used to refer to such conflictual feelings.

History and Current Status of the Definition of Countertransference

The concept of countertransference is a psychoanalytic concept. Since Freud (1910) created the term "countertransference", numerous definitions have evolved, leaving it to therapists to choose among different viewpoints (Chessick, 1986; Gelso & Carter, 1985).

The various definitions can be grouped into three main clusters according to their view of countertransference.

The original "classical view" understands countertransference as unconscious, irrational reactions of the therapist to the client based on past relationships and unresolved conflicts. These reactions are the result of anxiety and defensive attitudes, and should be kept out of the therapeutic relationship because they are considered to be destructive (Arlow, 1979; Fliess, 1942; Freud, 1910; Reich, 1951, 1960). This view seems restricted in that it is assumed that countertransference reactions can and must be eliminated absolutely from the therapy session by proper analysis of the therapist (Yulis & Kiesler, 1968; Watkins, 1985).

Over time, a broadened "totalistic view" emerged (Kernberg, 1965), understanding countertransference as all feelings and attitudes of the therapist towards the client. Along with this concept came the suggestion that countertransference was not to be eliminated from the therapy relationship, but used to understand the client and that to share and discuss these feelings was an effective therapeutic tool (Fromm-Reichmann, 1948; Sullivan, 1949; Heiman, 1950; Kernberg, 1965; Racker, 1968). More recently, this view is considered

to be too broad and too vague and of limited use, since no distinction is made between realistic feelings based on the real relationship with the client and unrealistic feelings, based on the therapist's past, his or her unresolved conflicts and needs (Watkins, 1985; Cerney, 1985; Gelso & Carter, 1985). Langs (1976) pointed out that this distinction must be made, even if those feelings and attitudes exist on a continuum, because of the different therapeutic implications of reality-based versus unrealistic reactions.

Consequently, the current view distinguishes between realistic and unrealistic feelings of the therapist/counsellor and defines as countertransference only the later reactions, that is, feelings or elements of feelings based primarily on past relationships and unresolved issues. The proponents of this view use mostly the term "countertransference feelings", although they include thoughts and attitudes, i.e. the term stands for inner countertransference reactions (Robbins & Jolkovski, 1987; Watkins, 1985). The current concept of countertransference resembles the classical view; however, it is probably more realistic in that countertransference feelings are seen as inevitable (Watkins, 1985; Cerney, 1985). Gelso and Carter (1985) shared this view:

> The counsellor is a human being, and regardless how well-therapized, insightful, and integrated he or she is, the emotionally close and difficult task of doing counseling/therapy is bound to trigger reactions in him or her based on earlier, unresolved conflicts (p.176).

This current concept of countertransference makes a further distinction between countertransference feelings, and countertransference behaviours. Countertransference feelings are seen as a constructive therapeutic tool, if the therapist/counsellors can become aware of them and use them to understand the client, that is, how the client effects others (Blanck, 1979; Cerney, 1985; Peabody & Gelso, 1972; Robbins & Jolkovski, 1987; Langs, 1974; Watkins, 1985). Unrecognized

and poorly handled countertransference feelings, however, are considered to result in destructive countertransference behaviour (Watkins, 1983).

Watkins (1985) has classified countertransference behaviour into four patterns: (a) over-protective countertransference (i.e. softening one's remarks and not challenging clients, thus not allowing them to experience hurt, anxiety or guilt with the effect of keeping them dependent), (b) benign countertransference (i.e. creating a bland atmosphere through friendly conversation or a general "rap session" resulting in lack of distance and a non-therapeutic superficial client-counsellor interchange), (c) rejecting countertransference (i.e. being punitive and aloof in response to a client's demands and dependency, thus preventing an atmosphere of mutuality and cooperation to occur in the therapeutic relationship), (d) hostile countertransference (i.e. open or covert hostile behaviour which puts strain on the counselling relationship and reinforces clients' difficulties).

How Countertransference Feelings Relate to Empathy

Since countertransference feelings and empathy do exist in the same person, the question arises, how the two are related.

The importance of empathy as a facilitative condition has been recognized in virtually all orientations of counselling (Peabody & Gelso, 1982). Countertransference feelings are a potential danger to the counsellors' ability to be empathic.

According to psychoanalytic theory, empathy "presupposes an ability on the analyst's part to identify with the patient and to be able to share the patient's experience affectively as well as cognitively" (Arlow, 1984, p.41). It has two important features: First, the identification with the patient is only transient. Secondly, the therapist preserves his separateness from the client (Arlow, 1984).

Countertransference feelings emerge, "when something goes awry" in the identification with the client (Peabody & Gelso, 1982). As Watkins (1985) stated, identification exists on a continuum.

> The mid-point and its surrounding portion can be regarded as the "area of optimal identification". At the right extreme of the continuum is over-identification; on the far left is disidentification. Overidentification represents those behaviours of the counsellor in which distance is lost. ...
> Disidentification is quite an opposite phenomenon, involving a failure to identify with the client effectively (p. 357).

Watkins (1985), explained that both, over-identification and disidentification disturb the counsellor's ability to empathize with the client and tend to lead to countertransference behaviour.

Gelso and Carter (1985), however, contradicted this view in stating:

> "... such negative consequences need not occur. If counsellors are taught to be sensitive to their own conflictual feelings with clients, and taught how to use them in the service of the work, then such feelings can have a positive consequence" (p.182).

That countertransference feelings are not necessarily a contradiction to empathy has been supported by Peabody and Gelso's (1982) research study which found that more empathic counsellors had greater awareness of countertransference feelings than less empathic ones.

According to Singer and Luborsky (1977), all workers in the helping field stress the importance of becoming consciously aware of countertransference feelings so that they can be worked through, thus allowing the empathic process to operate again.

Countertransference in Other Theoretical Orientations

Gelso and Carter (1985) took the position that, although countertransference is often assumed to occur in psycho-ana-

lytically based counselling only, it is a universal phenomenon that occurs in any relationship and especially in all therapeutic relationships, regardless of the theoretical orientation of the counsellor. If this is the case, then it is of interest to clarify, whether or not other counselling theories acknowledge this phenomenon.

It is beyond the scope of this review to explore all theories in depth, therefore the views on optimal counsellor attitudes of the two other dominant theoretical orientations in counselling, broadly labelled as the humanistic approach and the learning approach are chosen for discussion. This might shed some light on how they conceptualize the phenomenon "countertransference".

Humanistic Approaches

Humanistic approaches shall be represented here by Person-centered theory and Gestalt theory.

Person-centered theory states that the counsellor's empathy, positive regard, and congruence are the necessary and sufficient conditions for a positive change in the client (Meador & Rogers, 1984). These three counsellor attitudes are interdependent and logically related (Meador & Rogers, 1984). They are not considered to be absolutes, but to exist on a continuum (Rogers, 1957). Empathy refers to the accurate perception of the client's private world, as if it were the therapist's own, "but without ever losing the 'as if' quality" (Rogers, 1957, p.99).

Person-centered and psychoanalytic counselling would appear to refer to the same phenomena, but in different words. Whereas the Person-Centered approach refers to the "as if" quality of accurate empathy, and to the counsellor's congruence, psychoanalytic counsellors refer to "optimal, transient identification" and preserving their own separateness.

Positive regard refers to the unconditional acceptance of the client, based on the counsellor's trust in the client's resources for self-understanding and positive change (Meador & Rogers, 1984), that is, "a caring for the client as a separate person with permission to have his own feelings, his own experiences" (Rogers, 1957, p.98). This definition seems to describe the optimal identification "mid-point" that Watkins (1985) was referring to: between over-identification, where distance is lost, and disidentification, where the counsellor is distancing himself from the client.

Congruence, then, is "the basic ability of the therapist to read his own inner experiencing and to allow the quality of his inner experiencing to be apparent in the therapeutic relationship" (Meador & Rogers, 1984, p.143).

> It means that within the relationship he is freely and deeply himself with his actual experience, accurately represented by his awareness of himself. ... It should be clear that this includes being himself even in ways which are not regarded as ideal for psychotherapy. His experience may be 'I am afraid of this client' or 'My attention is so focused on my own problems that I can scarcely listen to him'. If the therapist is not denying these feelings to awareness, but is able freely to be them (as well as being his other feelings), then the condition ... [of congruence] is met. (Rogers, 1957, p.97)

Although, the concept of countertransference is not explicitly part of this theory, the notion of the therapist being anxious or focussed on his own issues could be interpreted as a description of countertransference feelings or thoughts.

Gestalt theory puts even more emphasis on congruence, that is the authenticity of the counsellor, than Person-centered theory. The counsellor by being real and actively present in the relationship and expressing his experience, his feelings and thoughts, helps the client to become aware of what he or she experiences in the here-and-now and to become more of what he or she is (Simkin & Yontef, 1984).

Although, countertransference is not addressed explicitly, it seems to be alluded to, when Simkin and Yontef (1984) state:

> Patients need a therapist who will relate in a healthy, contactful manner, neither losing self by indulging the patient at the expense of exploration and working through nor by creating excessive anxiety, shame, and frustration by not being respectful, warm, receptive, direct, honest, and instead trying to "shape up" the patient (p.301).

The extreme ways of relating described here seem to portray what psychoanalytic counsellors would call over-identification, disidentification and countertransference behaviour.

Learning Approaches

Learning approaches will be represented here by Behaviour and Social Learning theory.

Behaviourist seem to conceptualize relationship attitudes as non-specific factors which enhance the social influence of the counsellor (Wilson & Evans, 1977). They put primary importance on their therapeutic techniques rather than on relationship attitudes (Gelso & Carter, 1982). Nevertheless, relationship attitudes are considered.

Brady (1980) stressed that qualitative aspects of the therapist-patient relationship have importance in Behaviour Therapy, since they greatly influence the course of treatment for better or worse.

Rimm and Masters (1974) emphasised that the therapists' way of relating to a client should be marked by warmth, acceptance and concern for the clients' welfare if progress in treatment is to occur.

Goldfried and Davison (1976) discussing the therapeutic relationship in Behaviour Therapy suggested:

> In construing the therapeutic relationship as providing a sample of the client's interaction, it is important for the therapist to focus on his own reactions during the therapeutic sessions. The therapist should continually observe his own behaviour and emotional reactions, and question what the client may have done to bring about such reactions. Provided the therapist is in relatively good contact with reality, such a seemingly paranoid stance can offer important clues about how other individuals in the client's natural environment may be reacting toward him (p.57-58).

This statement raises the question: What if the therapist is not in contact with reality? It implies that a therapist can have unrealistic reactions, to which he must be alert. This indirectly confirms the value of the concept of countertransference for Behaviour Therapy.

Social Learning theorists, although not referring explicitly to the term "countertransference", have given attention to the phenomenon by studying the influence of therapists' anxiety levels and degrees of self-insight into their own anxiety, on their competence (Bandura, 1960) and by studying approach-avoidance reactions to clients' expressions of hostility, in therapists' high or low on hostility anxiety (Bandura, Lipsher & Miller, 1960).

The above discussion seems to indicate that countertransference feelings are indeed a central challenge for counsellors, regardless of their theoretical orientation. Theorists from different orientations have named this phenomenon differently, for example, Sullivan's interpersonal theory approach refers to it as "parataxic distortions" and social psychologists Stotland and Canon (1972) referred to it as "cognitive beliefs", that function in interpersonal structures.

Case studies of countertransference feelings in counsellors or therapists of other than psychoanalytic orientation

are rare, however. The following two practical examples may illustrate, how countertransference can be present within counselling:

> A student's first case was of an elderly woman, Mrs. P., who was experiencing considerable difficulties in assuming control over her personal affairs and those of her adolescent children. The children persisted in making unreasonable demands on Mrs. P. for money, attention and mothering. The therapist was in weekly supervision; she described this case in the most compassionate way, detailing the indignities suffered by her client and the outrages committed by the children. The therapist resisted any efforts by the supervisor at explaining the client's role in this dilemma. The supervisor observed that the client was responsible, in part, for encouraging certain behaviour from her children. The student's resistance to viewing her client as anything less but blameless became more understandable when she explored her own history in a family with rebellious, parasitic older brothers who made life miserable for her own parents (Sank & Prout, 1978, p.639).

> Another student's first session with a highly verbal young woman, who talked animately about all her difficulties at once, was at times almost a monologue of the client. Listening to the tape of the session the counsellor student became aware that she had felt overwhelmed by the clients rambling, but had hesitations to intervene. When her supervisor asked her, if the client would remind her of somebody else in her life, the counsellor realized that she had experienced her talkative mother in the client and had brought her own conflicts about interrupting people into the relationship with the client (own example).

Recommendations for the Management of Countertransference Feelings

Because of the detrimental effects of countertransference behaviour, it is important for counsellors to recognize and manage their countertransference feelings, so that they may be used for the benefit of the client and do not become acted out in countertransference behaviour (Chessick, 1986; Robbins & Jolkovski, 1987; Watkins, 1985).

The clinical recommendations addressing the handling of countertransference reactions have only been partly reviewed by me before interviewing participants for methodological reasons. After the findings were established, more literature was reviewed. The present section is a combination of these two reviews.

The focus of this part of the literature research was counselling. All articles on countertransference in counselling found in the Psychological Abstracts since 1978, have been reviewed concerning management of countertransference. In addition to that many books cited in those articles have been reviewed, as well as all articles on countertransference of the last five years regardless of theoretical orientation. The psychoanalytic literature compatible with the most current definition of countertransference and most pertinent to counselling has been included, although psychoanalytic theory is seldom used by counsellors and although psychoanalysts work often with a different clientele and different techniques.

The clinical recommendations on countertransference management are not coherently organized in the literature. They often address only sub-goals for dealing with countertransference reactions or describe only a few strategies without explicitly distinguishing between sub-goals and strategies or clarifying what sub-goal a recommended strategy should achieve. The following is an attempt to bring some coherence into the theoretical discussion by distinguishing between goals and strategies, and by collecting and ordering the recommended strategies into a threefold scheme according to the goals they may serve.

There seems to be agreement in the literature that having awareness of one's countertransference reactions is a first sub-goal to achieve. Many authors (Cerney, 1985; Chessick, 1986; Corey et al., 1988; Keller & Protinsky, 1984; Sandler, Dare & Holder, 1973; Watkins, 1985) pointed to the importance

of self-awareness in managing countertransference feelings. However, to gain awareness of such reactions is not regarded as an easy task since countertransference by definition can be unconscious. Gelso and Carter (1985) stressed that

> ... facing, and indeed inspecting, countertransference-based feelings is one of the most difficult tasks of the therapist. It requires considerable courage and a willingness to deal with one's own painful feelings for the sake of the therapeutic work. There are no easy answers to the question of how to accomplish this, but at the same time doing so is a crucial aspect of effective therapy. (p.182-183)

Recommendations on how to gain awareness involve identifying the trigger (Chessick, 1986), being alert and watchful to one's feelings (Chessick, 1986; Corey et al., 1988), being non-defensive about them (Casement, 1985; Cerney, 1985; Chessick, 1986; Robbins and Jolkowski, 1987), developing warning signals (Keller and Protinsky, 1984; Langs, 1976), and monitoring self for countertransference signals (Casement, 1985; Langs, 1976; Watkins, 1985). Keller & Protinsky (1984) regarded thoughts, images and physiological reactions as such warning signals. Robbins & Jolkovski (1987) recommend to notice countertransference feelings either directly or by observing behaviour that indicates the presence of conflictual feelings. Kottler (1986) recommends examination of one's fantasies as clues to how countertransference might be operating and Fromm (1978) suggests observation of the client's reactions to one's interventions as possible indicators for countertransference.

A second sub-goal mentioned in the literature is having an understanding of one's countertransference reactions (Keller and Protinsky, 1984; Langs, 1976, Watkins, 1983). The main strategy recommended to achieve this aim is self-analysis (Blum, 1986; Casement, 1985; Cerney, 1985; Chessick, 1986; Watkins, 1983) or self-supervision (Springmann, 1986). Self-analysis according to Watkins (1983) is a reflective examination of one's thoughts, feelings and behaviour. The term self-analysis stems

from psychoanalysis. Psychoanalysts use psychoanalytic techniques such as recording dreams, daydreams, memories and symptoms, free association about these, and interpretation of these associations to accomplish a self-analysis (Calder, 1980). Self-supervision might be a more appropriate term for counsellors, since they will use counselling theory and counselling techniques for accomplishing their reflective self-examination. Further, self-supervision needs not to be aimed at understanding only, but may serve one's awareness and one's planning for dealing with countertransference as well. Important for self-supervision seems to be the use of a clear conceptual framework (Springmann, 1986; Robbins & Jolkovsky, 1987) regardless of the counsellor's theoretical orientation (Robbins and Jolkovski, 1987).

The above recommendation is rather general, however. A more specific recommendation is to distinguish between the realistic components of one's reaction (i.e. parts that have to do with the client) and it's countertransferencial components (i.e. parts that have to do with one's person or one's past) (Beier, 1966; Blum, 1986; Casement, 1985; Chessick, 1986; Langs, 1976). Springmann (1986) recommends defining the origin of one's reactions for this purpose. A recommendation geared to understand countertransference induced by one's childhood experience is to understand how family of origin and family constellation patterns learned in the past are re-enacted in therapy (Keller & Protinsky, 1984).

A third sub-goal is the actual management of, or coping with, one's reactions (Chessick, 1986; Keller & Protinsky, 1984; Sandler et al., 1973; Watkins, 1985). Recommendations as to how this goal can be achieved vary from dealing with one's feelings to modifying one's cognitions or behaviour.

Sandler et al. (1973) suggest that the professional attitude of the therapist allows him to take a certain distance from the client without loosing touch with his own or the client's feelings. Beier (1966) and Kiesler (1979) state that the therapist must disengage from his emotional reaction to the client's message so that he can be objective, that is, see what the client's part is in the therapist's reaction and discuss the client's impact without distortions from his side. All these authors do not discuss, however, how this emotional distance of self or client is to be achieved.

Chessick (1986) and Watkins (1985) recommend not permitting oneself to act out countertransference feelings, and Keller & Protinsky (1984) suggest using the awareness of countertransference reactions for interrupting them and adopting new behaviours and a new set of cognitions. Referral of the client is demanded for ethical reasons if the counsellor can not handle his or her countertransference feelings (Cerney, 1985; Watkins, 1983).

Many authors stress the requirement for counsellors to be genuine, that is, to be aware of their feelings and not to hide them, to be congruent in their words, actions and feelings, and not to play a role (Egan, 1986; Cormier & Cormier, 1985; Corey et al., 1988). As to the open disclosure of countertransference reactions, there seems to be disagreement among authors.

The general guidelines for self-disclosure of counsellors are to refrain from self-disclosures to fulfil own needs and to keep them moderate, short, focussed on the client and geared to the client's benefit (Corey et al., 1988; Cormier & Cormier, 1985). Egan (1986) recommends the same guidelines for immediacy, that is, self-disclosures involving the counsellors personal reactions to clients. Springmann (1986) recommends keeping the therapist-induced or subjective countertransference out of the therapeutic interaction, but to introduce client-induced or objective countertransference into the

therapy, "in accordance with the same judicious rules that govern the introduction into the therapy of any material ... transmitted by the client" (p. 261). Chessick (1986) and Blum (1986) recommend not burdening the client with countertransference disclosures, whereas Watkins (1986) recommends self-disclosure as a means of preventing or rectifying acting-out behaviour of the counsellor. Rogers (1957) considered it a "puzzling matter" to decide to which degree a therapist should overtly communicate feelings that are standing in the way of his or her empathy to the client. He said:

> "Certainly the aim is not for the therapist to express or talk out his own feelings, but primarily that he should not be deceiving the client as to himself. At times he may need to talk out some of his own feelings (either to the client, or to a colleague or supervisor)" (p.98).

That a counsellor at times may have to seek outside consultation, help or support in the form of personal counselling, peer consultation or supervision in this delicate matter, is recognized by many authors (Cerney, 1985; Chessick, 1986; Corey et al., 1988; Watkins, 1985). The purpose of these activities is threefold: to improve one's awareness of one's countertransference feelings, one's understanding of self and client, and one's behaviour and skills (Watkins, 1983).

Research on the Influence of Self-Awareness and a Cognitive Understanding on the Management of Countertransference Feelings

All the above suggestions have evolved from the experience of practicing counsellors and therapists. Yet, it would be of interest to know what has been researched in terms of effectiveness of awareness and cognitive management for mediating countertransference feelings.

The following review of research will mainly include studies which investigated psychological counsellors.

A psychological counsellor will be defined as a professional helper assisting people in personal adjustment issues, especially in the areas of emotion and interpersonal relationships using various counselling models, one of which can be psychoanalytic counselling (Stone, 1984). Studies with clinical psychologists, since some of them do work from various theoretical orientations as well, will be included, unless they are clearly dicussing psychoanalytic therapy. Studies with psychoanalysts and psychoanalytic therapists, however, will be set aside, since psychoanalysts are especially trained to focus on the transference-countertransference configuration, also called the 'unreal' relationship in therapy and use special techniques to elicit maximal amounts of transferences (repetitions of past conflicts) of clients, which in turn trigger extraordinary amounts of countertransference (Gelso & Carter, 1982).

Early empirical studies on countertransference including counsellors were mainly interested in the relationship between counsellors' personal conflicts and their effectiveness. Bandura (1956), Cutler (1958), and Fiedler (1951), all came to the conclusion that countertransference is negatively related to therapeutic competence. None of these researchers considered any mediating effects of counsellors' cognitive conceptualization's of countertransference feelings. Bandura, however, investigated the influence of counsellor awareness. He found no significant relationship between insight and therapeutic competence. Considering possible limiting influences of his insight measure and the investigated counsellors' relative inexperience, he stated that his findings raised the question "as to how much the sheer recognition of cues to anxiety lessens the anxiety or leads to modification in behaviour" (p. 336).

In later studies the influence of countertransference feelings on countertransference behaviour of therapists and counsellors was researched. Bandura, Lipsher and Miller (1960) operationalized countertransference behaviour as avoidance reactions (verbal responses that inhibit, discourage or divert a client's feeling expressions, e.g. disapproval, topical transition, silence, and ignoring the client). Yulis and Kiesler (1968) operationalized countertransference behaviour as a withdrawal of personal involvement in the counsellors' statements (e.g."You are quite angry, aren't you?" rather than "You are quite angry with me, aren't you?"). Milliken and Kirchner's (1971) operationalization of countertransference used the distortion of recall of the client's verbal and non-verbal information. These three studies found that more anxious counsellors were manifesting increased countertransference behaviour. They did not measure any mediating influences, such as awareness or a conceptual understanding, on countertransference behaviour. The implicit assumption seemed to be that countertransference feelings lead automatically to countertransference behaviour.

Peabody and Gelso (1982), addressing the question of awareness once more, examined the relationship between counsellor empathy, awareness and the amount of countertransference feelings, and countertransference behaviour. They found that counsellor empathy was negatively related to countertransference behaviour (significantly with seductive clients, but not significantly with hostile or neutral clients). Awareness of countertransference was significantly positively related to empathic ability; and negatively related to manifestations of countertransference behaviour, however, not significantly. The amount of countertransference feelings during sessions with a hostile or a seductive client was negatively related to empathy and positively related to countertransference behaviour. Therefore they concluded that more empathic counsellors were

more aware of stressful feelings aroused by clients and less likely to act out their countertransference feelings, at least with certain types of clients (e.g. seductive ones). However, they asserted that there seems to be a limit to tolerable intensity and frequency of such feelings for counsellors and to the amount of time counsellors should spend attending to their own feelings.

Robbins and Jolkovski (1987), were the first to research both, the influence of awareness and a theoretical framework on countertransference behaviour. They found that, as awareness increased, countertransference behaviour decreased. However, there was significant interaction of awareness and theory, suggesting that in spite of theory, countertransference behaviour increases under conditions of low awareness, but decreases under conditions of moderate or high awareness. A main effect of theoretical framework on countertransference behaviour was not found, suggesting, that theory alone is not sufficient to prevent countertransference behaviour. Therefore, Robbins and Jolkovski concluded that "awareness of [countertransference] feeling and theoretical framework [for understanding those feelings] combine in a way that influences the level of countertransference behaviour beyond the sum of the component effects" (p.279).

However, both researcher teams, Peabody & Gelso (1982) and Robbins & Jolkovski (1987) cautioned the reader about methodological limitations in their studies. They both had used a similar awareness questionnaire which they said was not tested enough for reliability and validity. Their measure of countertransference behaviour used the procedure and operational definition of Yulis and Kiesler (1968) which is an analogue therapy test with actor clients. They thought that this operational definition was limiting since withdrawal of personal involvement was but one sign of countertransference behaviour, and Peabody and Gelso stated that this interpretation

might not always be appropriate. Further, Robbins & Jolkovski cautioned that their measure of theoretical framework was too broad and not clearly linked to their definition. They defined "theoretical framework" as the specific use of theory to understand countertransference feelings, but their measure of it reflected the maturity of the "clinical theory of the person" (p. 278). In addition, Robbins and Jolkovski pointed out the difficulties in attempting to generalize from graduate students in an analogue situation to experiences of professionals performing counselling. Nevertheless, these two studies seem to indicate that countertransference feelings can be mediated by awareness together with an effective theoretical model to understand one's feelings about clients, so that counter-transference behaviour can at least be reduced.

All three studies which researched influence of awareness (Bandura, 1956; Peabody & Gelso, 1982; Robbins & Jolkovski, 1987) involved inexperienced counsellors. Singer & Luborsky (1977) in their extensive review on countertransference research concluded that experienced therapists tend to exhibit fewer indications of countertransference behaviour than do inexperienced ones.

Summary and Implications for this Study

In summary, a review of the literature demonstrates that countertransference is a widely recognized phenomenon and considered to be a major challenge for counsellors; a very important source of countertransference being experiences in the family of origin.

There is indication from research (Peabody & Gelso, 1982; Robbins & Jolkovski, 1987) that awareness of countertrans-ference feelings together with a theoretical understanding of them can prevent or reduce countertransference behaviour, which is generally accepted as detrimental to the therapeutic process.

There is evidence (Singer & Luborsky, 1977) that experienced counsellors manifest less countertransference behaviour than inexperienced ones. Therefore, it can be hypothesized that experienced counsellors have effective ways to deal with countertransference feelings. However, how experienced counsellors actually recognize, understand and cognitively manage countertransference feelings has not been researched.

A better understanding of how experienced counsellors deal with countertransference feelings, together with their perceptions on what is satisfying, seems to promise useful information for counsellors in practice and for counsellor training and supervision.

Therefore, the purpose of this research was to examine and describe how experienced counsellors recognize, understand and cognitively manage countertransference feelings.

The research question to be considered was: What cognitive strategies do experienced counsellors use and consider satisfying in managing their countertransference reactions?

METHOD

For this study a qualitative, descriptive method was used. Six counsellors working in public agencies or private practice and using an eclectic, humanistic or behavioural approach to counselling, were interviewed in-depth using a semi-structured interview guide. They were asked to describe in detail their experience of, and reaction to, a major stressful behaviour of a significant other in their family of origin. They also were asked to describe their experience of, and reaction to, incidents with clients manifesting a similar stressful behaviour. A series of open-ended questions was then asked, in order to understand how counsellors recognize, conceptualize and cognitively manage countertransference feelings in their work with clients. The transcriptions of the interview tapes were then analysed individually resulting in a descriptive account for each participant. Based on the analysis of five counsellors as a group, a model of strategies for cognitively managing countertransference reactions was developed.

Rationale

A qualitative descriptive method was chosen for this study for two reasons:

First, the purpose of this research was to discover and understand counsellors' awareness of, and thinking about, actual client situations that happened in their practice; that is, the interest was in their experiences and perspectives. A qualitative, descriptive approach is the method of choice, when the interest of the researcher is not to predict and control, but to "understand the meaning of events and interactions to people in particular situations" (Bogdan & Biklen, 1982, p.31).

Secondly, the question for professional experience is a highly sensitive topic touching on a person's self-esteem and identity. This is especially true, when it involves troublesome feelings like countertransference. Cherniss (1980) argued that a qualitative interview approach is "better than most methods at minimizing the effects of ... reluctance to discuss such issues" (p.272).

Theoretical Assumptions

The researcher using a qualitative descriptive method assumes a phenomenological stance by trying to understand participants from their frames of reference (Bogdan and Taylor, 1975) and trusts that participants are "in the best position to provide accurate accounts of the events under investigation" (Brown & Canter, 1985, p.222).

Furthermore, the researcher enters a "dialogal relationship with the participants such that interactional communication continually stimulates and influences recollection of the particular experience" (Samson, 1984, p.19). Ideally, participants are active co-researchers and the dialogue enables them to correct the researcher's possible misconceptions of their experience (Cherniss, 1980).

Since in qualitative descriptive studies, researchers use themselves as well as others as primary data-gathering instruments, they identify and take into account possible biases of their procedures and apply certain criteria for trustworthiness (Lincoln & Guba, 1984). These criteria are called credibility (i.e. the results should accurately describe reality), transferability (i.e. the reader should be enabled to make judgements on the applicability of the results), dependability (i.e. factors of instability in the researcher

and changes in the phenomenon or design should be taken into account), and confirmability (i.e. the results should be grounded in the data).

There is no single method or procedure for qualitative descriptive studies. "Each particular psychological phenomenon, in conjunction with the particular aims and objectives of a particular researcher, evokes a particular descriptive method" (Colaizzi, 1978, p. 53).

A limitation of qualitative descriptive studies is their tentative application, because the findings are to some extent dependent upon the particular interaction between investigator and respondents (Lincoln and Guba, 1984).

The guidelines for interviews and analysis developed for this study are based on Lincoln and Guba's (1984) suggestions for enhancing trustworthiness. Methodological suggestions of other qualitative researchers compatible with the criteria for trustworthiness and the aims of the study have been taken into account as well.

Development of the Interview Guide

Three kinds of activities contributed to the development of the interview guide (see Appendix E) for this study: (a)developing guidelines for interviewing, (b)developing a conceptual framework for the interviews, and (c)pilot interviews.

Guidelines for Interviewing

Based on the suggestions of Lincoln and Guba (1984) for meeting the criteria for trustworthiness of qualitative studies in general, and taking into account suggestions of various authors on qualitative interviewing in particular, the following guidelines for this study were developed:

An interview guide containing questions and probes is required for memory and social taboo problems (Brenner, 1985), to make sure that all topics of interest are covered, and to ensure comparability across participants (Patton, 1987). To build trust, the interview should begin with the least threatening probes and proceed to more intimate probes: that is, for example, starting with small talk and proceeding to background, then moving to childhood events, and last, to recent events (Douglas, 1985). To probe in-depth, the questions should be non-directive (Brenner, 1985) and as few as possible since volunteered information is more trustworthy than encouraged information (Douglas, 1985). The interview should tap the participants experience of the phenomenon as distinct from their theoretical knowledge about it (Colaizzi, 1978).

Conceptual Framework for the Research Question

Inspired by Miles and Huberman (1984), I developed a conceptual framework for the interviews. It indicated the question areas and an entry question into each area, as well as probes to be used as needed (see Appendix E). The framework was based on the guidelines for interviewing, the type of countertransference addressed, and on my assumption that to deal with countertransference reactions three steps were needed: awareness, understanding and management.

For this study, awareness was defined as self-awareness, that is, one's ability to recognize the stimuli affecting oneself, whether they are drawn from the external environment or from internal memories, images, thoughts, feelings and sensations (Harré and Lamb, 1983), including the ability to recognize one's behaviour.

I deliberately did not go any further in formulating assumptions of how counsellors deal with their countertransference reactions and did not do a complete review of the

literature on that matter, thus enabling my own research to stay open-minded as much as possible, in accordance with the tradition of qualitative research (Goetz & Le Compte, 1984).

Pilot Interviews

In order to test the adequacy of the interview guide for the generation of data relevant to answering the research question, pilot interviews were done. Each followed an interview guide and was taped. After assessing the results of the questions and the participants' feedback, an improved version of guide was devised and tested. For example, after the first interview, which was not yet structured by a framework, some questions were omitted and others were re-worded. This was done, because they elicited the knowledge rather than the experience of the participant. Altogether, four pilot interviews were conducted.

Bracketing

I did a taped self-interview before I met participants to make my unformulated preconceptions explicit for myself, so that I could consciously put my assumptions aside during the interviews. This process is called bracketing and is recommended (Hycner, 1985), since a researcher's experience cannot be eliminated and may bias objective listening (Colaizzi, 1978). My personal assumptions about how to handle countertransference were: (a)one needs to be alert to one's feelings because they are not always conscious at the moment, (b)suppression of these feelings is not productive, (c)one needs to realize that one's reactions are due to one's fears developed in the past and have only partly or nothing to do with the client, (d)one needs to take time to think a moment about the situation and to evaluate one's reactions, (e)having a name for these reactions is helpful, (f)one needs to deal with one's reactions in an

appropriate way, keeping oneself and the client in mind, (g)one needs knowledge and skills to respond appropriately, and finally, (h)outside help and support is useful in dealing with these reactions.

Selection of Participants

The people interviewed for this study were six practicing counsellors who were living in a Western Canadian town and worked in private practice or in a public agency at the time of the interviews. Prospective participants were first contacted by telephone and were fully informed about the study. It was made clear to them that although their participation would be appreciated, it was completely voluntary. If counsellors were interested in participating, they were sent a letter with the same information to ensure their clear understanding of the purpose of the study, the requirements for participating, their role in the research, the time commitment involved, as well as taping and confidentiality (see Appendix A). They also received the interview preparation guide (see Appendix B). I offered to present myself to them in person and to answer any further questions. A time for the first interview was scheduled after they had read the material and had decided to participate. Only one counsellor wished to meet me before the actual interview.

Four considerations were involved in selecting participants. First, since the role of awareness and cognitive management in dealing with countertransference feelings may be trivial at low levels of emotional stimulation, I had to make certain that the reported experiences of stressful behaviour would be both significant and meaningful to the participants. Therefore, I asked each participant to think of a "major" or "emotionally significant" behaviour of a significant other in

their childhoods before making an appointment for an interview. I asked them whether or not they had found something significant to talk about.

Secondly, the term "countertransference" was not to be used, because it might have elicited the theoretical knowledge of counsellors rather than their experience. The term is also defined differently and the use of it might have resulted in confusion. Therefore, another term had to be found. I decided on the words "stressful feelings" or "stressful inner reactions" which seem to come close to the definition of countertransference feelings, although stress can be induced by other problems as well, for example, a lack of knowledge or experience. I assumed, however, that asking participants first for their stressful experience with a behaviour of a significant other and then for similar behaviour in clients would tap counsellors' countertransference experiences.

Another concern was that only what is conscious can be researched by self-reports. However, I assumed that experienced counsellors, who were willing to talk about their own feelings in working with clients, would have a certain amount of self-awareness.

Furthermore, the purpose of this study was to understand what cognitive strategies experienced counsellors used, and considered satisfying, in dealing with countertransference reactions. To select counsellors based on their self-satisfaction before participation, however, might have given the message that to struggle with the issue was not acceptable. It might either have hindered counsellors to participate, or manipulated them into trying to appear perfect by revealing only what they do well. This would have confounded the trustworthiness of the findings. I assumed, however, that counsellors who wanted to participate would have reached a certain level of satisfaction in handling their countertransference reactions.

Nevertheless, the above mentioned assumptions, were not confirmed in all cases. After an in-depth analysis of the account of the last participant, it became evident to me that this counsellor had not achieved a level of experience, knowledge, and awareness of having countertransference reactions with the type of client who had evoked her stressful feelings, which would have enabled her to cognitively manage those client situations in a way satisfactory to herself. In other words, this counsellor had not dealt with her countertransference.

Qualitative descriptive research uses purposeful sampling, that is, only people who are able to illuminate the research questions are included in a study (Lincoln & Guba, 1984; Patton, 1987). The purpose of this research was to find out what experienced counsellors do and consider satisfying in managing their countertransference reactions. As this participant was not enlightening the phenomenon under study, she was excluded from the group analysis and her statements not included in the report.

The counsellors included in this study had worked in the professional capacity as counsellors from ten to eighteen years.

Interviews

The interviews took place in participants offices or homes. Before the interviews, participants read and signed a consent form, which indicated participation in the study was voluntary and that full confidentiality was assured (see Appendix C). They also completed a professional background questionnaire (see Appendix D).

The interviews lasted 70 to 150 minutes and were taped. An interview guide was used (see Appendix E). Participants were asked to share what their family was like for them when they grew up. The interview preparation guide had asked

participants to think of a particular behaviour of a significant other that was stressful in their childhoods and about similar behaviour of their clients. Based on their thinking about the interview preparation guide, most participants had already chosen the particular behaviour they wanted to talk about. They recalled their experience of and reactions to this kind of behaviour in their family of origin as well as in client work. A series of open-ended questions were asked as required to explore the research questions.

The interview was semi-structured. I used the interview guide not in a strict order, and asked questions only when specific information was not brought up by the interviewees themselves. I was, however, making sure all questions and probes of the interview guide were covered, and I added further probes, when statements of participants seemed incomplete or ambiguous. When participants used any theoretical term, its meaning for the counsellor was explored.

After the first interviews, a written account for each participant was prepared. All were asked to read over the account carefully prior to a second interview and to make notes of any changes needed to represent his or her experience accurately. The second interview provided opportunity for participants to elaborate on their experience and to correct misunderstandings. It lasted 30 to 90 minutes. Participants felt that I had captured their experience accurately. Their corrections were few and they addressed mainly colloquial language that they had used, but had objections to, when seeing it in writing. I had prepared a list of questions, some short for clarification purposes and some others for information missed in the first interview. Again, a tape recorder was used. Short alterations were written out in long-hand by either the researcher or the participant.

Trustworthiness Checks

As recommended by Lincoln and Guba (1984), I included certain measures to check the trustworthiness of my findings. One of the measures was to go back to the participants after the individual analysis to check the accuracy of the accounts with them and to probe deeper for anything that seemed incomplete or inconsistent (Hycner, 1985).

Another measure was to summarize my understanding of their usual reactions to clients before going on with probing for their awareness, conceptualization and management of these reactions. A third measure was to include three general questions at the end of the interview which were later used to check trustworthiness. The first of these asked participants how talking about all this was for them. This allowed participants to voice their general feelings and thoughts about the interview, and allowed me to make some conclusion about their overall trust and engagement (see: Participant-Researcher Relationship). The second one of these questions asked for their recommendations for beginning counsellors. This made participants summarize what they believed most important. Since their recommendations were in agreement with their handling of their reactions, their communications during the interview seemed to reflect their real convictions. The third question provided participants with the opportunity to add additional comments. None of the participants wanted to add anything. This seemed to indicate that they felt the topic had been well covered.

I wrote also a reflexive journal as recommended by Lincoln and Guba (1984). It included observations on myself as a researcher, bracketing notes, methodological considerations, observations on counsellors and counsellor-researcher interactions during the interviews (Lincoln & Guba, 1984). In addition, I checked transcripts for undesirable influences

(Brenner, 1985). Leading questions (one of the possible undesirable influences) were few and I took them into account in the analysis by not including words or statements that seemed to be induced by me.

Furthermore, Lincoln and Guba (1984) recommend peer debriefing in the analysis. Therefore, I had a colleague analyse independently fifteen pages of transcript. We compared, contrasted and discussed the units of general meaning each of us had generated. We agreed on most and I did incorporate the few details that seemed more accurate in her summary statements.

Participant-Researcher Relationship

Before the study, I had spoken with two of the participants on a professional or personal level. Two did not know me, although I knew them. The fifth participant I had never met before.

The counsellors' motivation to participate varied from wanting to be helpful, to wanting to contribute to the study because it was considered as important. Three counsellors had some concerns about participating. One counsellor was concerned about the time commitment involved and made agreements with me to keep the interviews short. Another one expressed that he was reluctant and fearful to remember his vulnerabilities as a therapist, but hoped that I would help him in the process. A third one tried to avoid talking about her most difficult issue for fear it would overwhelm her. Finally, she took the risk and talked about it anyway.

All counsellors talked about an issue that is or used to be most stressful to them. Four counsellors explicitly stated that they chose to talk about their most difficult client situations.

Since most counsellors had not wanted to meet with me before the first interview, it was important to build up a feeling of trust as best as possible in the actual interview. To start this process, I shared some information about myself after the initial small talk. I told them how I became interested in doing the study, disclosed that I myself had issues that affected my practice with clients, and expressed that I wanted to learn more about this topic from them. I also reassured them of my strict confidentiality. I tried to involve the participants in the interview process by explaining to them the need for an interview guide and taping, and by announcing each area of questions to be asked. I also checked for their perception of the study to see if some clarification was needed. The sequence of areas addressed in the interview guide was laid out in such a way as to allow for the gradual build-up of trust. During the interview I tried to build rapport as much as possible by attentive listening and sensitive probing, and expressed my appreciation and recognition for their openness. I gave the participants the lead as much as possible by being flexible in the use of my interview guide.

The development of trust and personal engagement was different for each participant. The counsellor who had been reluctant to talk about his vulnerabilities ended up being well prepared for the interview and motivated to use it for taking a personal inventory. I experienced him as being very open about his experience and after the interview he stated that he had tried to be as open as possible. He expressed that he felt I was interested in him (not just in my research project), that I had taken care of his concerns and that the interview had been a pleasant experience.

Another counsellor seemed to increase her trust over a period of time. She seemed open about her experience from the beginning, but was not personally interested in talking to me. She expressed that she participated to be helpful to me.

Finally, she felt that the first interview had been interesting since it had presented an opportunity to talk about her work with clients. In the second interview, she seemed to be more relaxed and more personally interested in talking about the issues, and the level of intimacy in her self-disclosures increased.

The counsellor with whom I had talked before on a personal level, said he felt comfortable to self-disclose, because of our prior relationship and felt free to adapt his level of emotional involvement to the fact that it was a research and not a counselling interview. I felt that he really was interested to explore and share his experience in-depth.

The counsellor who finally took the risk to talk about a highly emotional issue, needed time to build some trust. She first explored another issue with me for quite a while, before she decided to speak about her "real issue". She was open about the fact that she had tried to protect herself in the beginning since it was very difficult for her to talk about the sexual behaviour of her father. As she had expected, talking about this issue evoked her repulsion and she cried. Nevertheless, she wanted to go on to explore this issue with me and she seemed to be open about her experience. After the interview she expressed that although it had been difficult and unpleasant for her to talk about this issue, it was meaningful to her.

The participant who was concerned about his time commitment stressed that he only wanted to be helpful to me and had no personal interest in talking about himself. He seemed at ease and relaxed during the interviews and although he did not seem very emotionally involved, he seemed very open about himself, as evidenced by his disclosure of his mistakes. Whereas he seemed unconcerned with confidentiality for himself, he felt protective of his clients' confidentiality and did not want to go into too much detail about them. His feedback after the first interview was that he had liked talking about himself,

since it made him realize how much he had learned over the years since he had become a counsellor, something he usually would not consider.

I felt confident as a researcher with the first three counsellors. With the last two, however, since they were either deeply involved or rather detached emotionally, I wondered after the first interview how well I had captured their true experience. The second interviews proved to be very valuable with all counsellors, but especially so with those two to dispel those concerns.

Overall, the relationships with the participants were friendly, relaxed working relationships. Participants were as open and cooperative as they could be, developed trust in me as a researcher, and found some personal meaning in their participation.

Data Analysis

Each interview was submitted to two levels of analysis: an individual analysis which stayed with the explicit meaning of participants, and a group analysis in order to find the meaning significant to the research question and the patterns across counsellors.

Individual Analysis

For the individual analysis, the recommendations of Hycner (1985) and Samson (1982) were taken into account. The purpose of this analysis was to achieve a "thick description" in order to empower the reader to make judgements about the transferability of the findings (Lincoln & Guba, 1984), that is, a narrative which provides a holistic picture of counsellors' experience of countertransference and their reflections about it.

The interview tapes were transcribed verbatim, noting also the non-verbal communications, and leaving a large margin to the right of the transcription for later notes on the units of general meaning. Transcripts were read several times while listening to the tapes to gain a sense of the whole, and to be as open as possible to the meanings of the participants. Units of general meaning were delimited by summary statements; that is, what the participants said was condensed using as much as possible their wording. The resulting meaning units were transposed to index cards via computer. These cards contained also the code of the participant, the page number in the transcript where the statement had come from, the number of the card, and codes for topic and possible theme categories. The rim of the cards had a line of holes punched, so that I could later cut off the bar of the hole that corresponded to the code category pertaining to this unit of general meaning. In this way, I could have more than one category for each card. This proved to be useful. Counsellors' statements were organized into topics and themes. The topics were given by the interview guide, except for the one "processing of childhood experience" which emerged from the data. The themes chosen within topics were "trigger", "feelings", "thinking" and "overt reactions", except for the topic "reflections about self and clients". Those for the last topic reflected mainly the questions asked. I first only circled topic and theme categories on the cards and wrote my first draft of the individual accounts based on that. As this appeared to work out, I actually cut bars off. This allowed for a control whether or not I came up with the same categories in the second round, and if I had not overlooked any statements. (The cards were lined up in a box and by passing a rod through the holes and shaking the cards, the category I was looking for would then fall out of the stack and could be studied.)

When quoting participants in the accounts, I kept to the rules for quotations in written texts with the following exceptions: fillers like "mmh, eh', you know, sort of" were omitted and when participants corrected themselves in the course of speaking, I used their corrected version, unless this would have changed the participants' meanings.

The typed accounts were checked for accuracy by returning to each participant for a review, asking them to read, correct, clarify and expand their accounts. Any new data or corrections were worked into the accounts. The cards pertaining to the research question, that is, those cards to be used in the group analysis, were corrected as well. Some new cards were written with additional information relevant to the research question.

Group Analysis

The procedures used for the group analysis followed the recommendations of Hycner (1985), and Miles and Huberman (1984). The task was to find common themes and individual variations among participants. The focus of this analysis was on the research question.

The themes used for the reflections on self and clients in the individual accounts did not prove very useful for this task. They had stayed closely to the questions asked and to the participants' explicit meaning. To find implicit meaning and significant patterns, I wrote a matrix as recommended by Miles and Huberman (1984) using the individual accounts. The matrix contained the topics "reflections on childhood experience", "awareness", "understanding", and "management". Each topic was organized into the themes "trigger", "feelings", "thinking" and "overt reactions". For each theme, summaries of the statements of the participants were entered. This matrix allowed for the discovery of new inferential themes and commonalities and variations among participants. The evolving

themes were listed, numbered, and integrated into a model with the three stages: awareness, understanding and management. The decision in which stage a theme belonged was based on a careful analysis as to the purpose it served for the participant.

With this list, I went back to the cards and put theme numbers on each of them. All not pertaining to the focus of the study were put aside. Again, multiple attributions of cards occurred. Therefore, I had to indicate which part of the statement was attributed to what theme. This process served also as a control, to make sure I had not missed any. By writing the group findings and using the statements of the participants to illustrate them, the themes were contextualized again (Hycner, 1985).

Time Line

Developing and testing of the interview guide, the first and second interview with each participant, transcriptions, individual analysis and the writing of the individual accounts took place from Sept. 1989 - May 1990. The group analysis including the development of the countertransference management model and the write-up of the thesis was done from Sept. 1990 - March 1991.

FINDINGS

This chapter includes a presentation of the interview data for each participant, a group account of the cognitive management strategies used for dealing with stressful reactions to clients, and observations on the counsellors' use of language to name their reactions.

Individual Accounts

In this section, accounts of each participant will be presented. These accounts are descriptions of the participants' experience with, and reflection about, stress producing parental behaviour when they were growing up, as well as with similar client behaviour or issues. The presentation is not chronological, but organized into topics and themes to make the accounts more coherent and concise. At the beginning of each account some professional and personal background information will be given. The names of the participants were changed to disguise their identity.

PETER

Peter Calton conducts a private counselling practice and works with families, couples and individuals. He holds a Masters degree in Humanistic Psychology from a Western university. A counsellor for eleven years, he specializes in marital and family therapy. His counselling approach is Bowenian Systems Theory.

Peter was the second child in a poor family. His parents had emotional difficulties and their marriage eventually broke up. Peter's father married his mother when she was pregnant at seventeen. They moved to a large city, away from her small home town and her large family to whom she felt tied. His father grew up poor, without much schooling and without a father who was killed in the First World War. Peter's parents separated when he was eleven, his mother came back briefly before leaving again when he was twelve. His mother moved 1200 miles away to be close to her family. Peter and his older brother stayed with their father, while his younger brother who went with their mother came back periodically to live with them.

Peter was closest to his mother and had a good relationship with his brothers. As a teenager he lived closely with his father since his older brother generally stayed with a girl-friend's family. However, since his father worked evenings, Peter was often alone, unless he "hung-out with kids" or dropped in at a good friend's home, where he was always welcome.

Experience of Stressful Behaviour in a Significant Other

Trigger. Peter's mother regularly experienced emotional difficulties when he was a child. He remembers her telling him about often having been depressed after he was born. As he grew up, Peter never experienced his father close to "Mom" or attending to her emotional needs. His father was "very withheld" in any emotion except anger. His parents were distant from

each other. He remembers fights between them, when "Dad" was angry and yelled, and "Mom" was withdrawn and cried. He recalls at least two occasions, "when Dad slapped Mom". Their fights escalated towards the time his mother first left the family, and they became more intense when she returned. After his mother had left the second time and for good, she felt guilty and wanted to hear from Peter that everything was okay. "Dad had a nervous breakdown". He shook and cried a great deal. Peter's younger brother was "acting out", and his excellent school marks dropped.

Feelings. As early as age eight, Peter remembers feeling terribly guilty if he said or did anything that hurt or upset his mother. He recalls feeling compelled to "make it better for her" when she was hurting. When his parents fought he was fearful, and he felt "Mom's hurt" as if it was his. He felt a need to protect her, to stop her hurt and her being upset. When she finally left, Peter was unhappy and felt hurt and abandoned.

Thinking. Peter saw it as his job to make sure his mother did not hurt too much, to make her emotionally happy and to fill in for what was missing between his parents. These were not conscious thoughts at the time, but he took it upon himself to look after his mother's feelings. He thought that his father was able to look after himself and did not see his neediness until his mother had left. When she did so, he thought life was "the pits", but when his father told him to ask his mother to come back, he knew somehow that she was better off away from the family, and that he himself was better off without the tension in the family.

Overt Reactions. When his mother was hurting, Peter would "be there trying to make it better for her" by hugging her or by just being around. When his parents fought, the three brothers worried, cuddled and comforted each other. On a few occasions, they went downstairs on Peter's suggestion and "got Dad to back off and leave her alone". Then their parents stopped fighting.

After the separation, when his mother called with guilt feelings, he told her that they would do fine without her and that she did not have to come back. When his father had emotional problems after the breakup, Peter would be there for him. He also took on the caretaker role with his younger brother, whom he protected, defended and fought for whenever someone put him down. When Peter became upset, he cried and healed "alone".

Processing of Childhood Experience

Peter has done a great deal of family of origin work. In retrospect, from studying his familial experience and its affects on him personally and professionally, he concludes that his parents did not have enough to offer as models of emotional maturity. He sees his father as "an emotional cripple" who used anger as a "defense" to hide other feelings and who was unable to support his wife emotionally. He thinks his mother had poor self-identity, low self-esteem and probably suffered from homesickness, perhaps post-partum depression after Peter was born.

Peter thinks he became an emotional caretaker for his family, particularly for his mother, because he was trying to fill a void. "There was space in the family for someone to care". He had to make sure his mother was not hurting so much that she was unavailable to him. He thinks he must have responded fairly early, probably as an infant, to his mother's emotional needs, and as a child he gave too much to her. In their relationship, his mother "was the child" and he was "the giver" and this was "backwards" to how it should be. He knows now that "it's better if adults are adults before they have their children, then they can have something to give to them", and that it is not the child's job to keep his mother happy and to improve the relationship of his parents. This was an unrealistic expectation of him as a child that could not be fulfilled.

In family of origin work Peter learned slowly to change his patterns of reacting towards his parents, for instance, not to involve himself in their conflicts. His relationship with his father has changed insofar as he does not expect him to change anymore, but loves him as he is and wants to spend time with him.

Peter knows now that giving "too much" has a "flip-side", which is resentment. He suspects that after his parents' separation he must have felt some relief that he no longer had to look after his mother's feelings. In her last years, she moved to the same town where Peter lived and expected him to be there for her more than was possible. He was acutely aware of his resentment towards her, when he gave more than felt good. His relationship with her became a "balancing act" between the part of him who still felt compelled to do too much for her and the part who wanted to take care of his needs and other commitments. He had to take care of himself, and to consciously decide what he could and could not do for her. To do otherwise would have been in the way of their relationship. However, he gave more when she became terminally ill. He made this acceptable by saying to himself, that although his family and his work suffered, it was all right, since they knew she was dying, and he wanted her remaining time to be as full as possible.

Peter did a lot of grieving about the losses in his childhood. There was a time, when talking about his experiences as a child overwhelmed him with grief. He said, his need to grieve is lessening over time, but it is on-going.

In Peter's view, growing up in his family laid the groundwork for being a therapist. It laid "the basic structure" of who he is and how he can work with people. He doubts if he would feel as kindly towards people as he does if he had not been well trained to care in his family. He had to "hone that, take off the rough edges" and to become aware of the "thorns", so he was not so "prickly" that nobody wanted to be around him

or that he would do people harm. He thinks there is a benefit for therapy if he feels caring towards clients, and their recognizing his interest in them.

Experience of Stressful Situations with Clients

Trigger. When Peter started to work with couples, he was not aware of his own reactions. However, he is now aware that he tended to take the side of the woman. The trigger that used to bring about this reaction was a crying upset woman who said she needed more feeling response, more caring, listening and sharing of thoughts, and more emotional contact with her husband. Tears were the strongest trigger. He remembers a couple "embroiled in a battle" about how to raise their children. The man said if their daughter kept behaving as she was, she would not be allowed to live at home any longer and he added: "This is the way it's going to be". This upset the woman who felt unhappy and helpless, and she eventually cried.

Feelings. In the past, Peter felt "compelled" to intervene and to run the session so that the woman would leave "feeling good". He would feel hurt and would be "teary". He remembers that the above situation triggered him on many levels. He had "empathy" for and was "identifying" with the mother's hurt and powerlessness, and especially with the daughter's abandonment. This incident was stressful for him, because of these feelings and because he was unable to get the father to be "emotionally connected" with the family members and their needs. Peter felt like in his family of origin.

Today, Peter said, it "almost doesn't matter which couples come through the door", for he is "easy" with what goes on. His reaction or involvement is now an inner one. He can still feel himself being "drawn" to rescue the woman, and to some extent he still becomes tearful. There are still situations which are so intense that he has a strong reaction. Recently,

he saw a couple and the man jumped up, ran across the room and hit his wife over the head with some papers. Peter's initial impulse was to jump up, stop the man and protect the woman. On the whole, however, his compulsion to rescue the woman has decreased.

Thinking. With the first couple, Peter was concerned the daughter was loosing her family as an emotional system just as he had lost his own. The man reminded him of his father. "He was like my father, he was really far away from being able to have his feelings". Peter thought that the man was not in tune with his emotional self, since he dealt with his anger towards his daughter by thinking: "Get out of my sight, get out of my mind and then everything will be fine again". In his judgement, the woman was not strong enough to deal with this man.

Peter is now aware of the possibility that he can be triggered so much that if a question comes to mind, his inner "alarm bell" rings and he asks himself, "Well, what do I want to get by asking that; where am I trying to go with that question?" In intense situations, he is aware of his urge to protect the woman, and that he does not want this. Consequently his anxiety of rescuing increases, and on occasion he will actually freeze.

Overt Reaction. As a beginning therapist, Peter tended to rescue and protect the woman and to pursue the man, to do something for the couple's emotional life. He would say reassuring things to the woman, to let her know that he was going to do his best to change her situation. He would then "move over and talk with the man", to try to get him to see how much his woman was hurting and ask him if he did not want to do something about it. He would try to get the woman to take better care of herself, to make better choices for herself, to be less needy of her husband. He would suggest to the husband to be more "emotionally in tune" and to be more supportive of his wife. That means he would try to get the "emotional

imbalance" balanced. When the man did not understand Peter's probe for emotions, Peter would look for ways to make him see what he meant. With the first couple, Peter tried to "force" the man to recognize his feelings, although the man did not want to explore them. He tried to make him more aware of what was happening for his wife, to help him see that his daughter probably would not change and that he would loose her as part of his family and that repercussions would follow.

Peter now avoids the kinds of things that he did ten or eleven years ago. When he feels "drawn" to protect, he restrains himself. In the incident with the second couple, he was aware that they reminded him of his father slapping his mother. Instead of rescuing the wife, he sat still and watched. He was consciously distinguishing between the moral responsibility not to let someone be hurt, and his own family pattern drawing him to protect and save. He made a judgement that the man was violent and intimidating, however, as the woman was not hurt physically (in which case he would have intervened) he would do them a "disservice" if he acted on impulse. When it was over, he asked a question about how the couple dealt with situations like this. Sometimes, however, Peter can still "be triggered" into an overt reaction such as teaching the man or supporting the woman's feelings.

Reflections on Self and Clients

When Peter feels the impulse to teach or to make a supportive statement or to ask a question that comes out of a desire to protect or rescue, he usually catches himself before acting on it and sometimes while doing so. He is aware that a certain anxiety of his impulse to rescue the woman is necessary and helpful for him to stay focused and intense, but that after a certain height it reduces his ability to think and increases the possibility of him falling back on reacting.

Peter monitors himself during sessions and debriefs using the tools of family of origin work, that is the knowledge of himself. He asks himself questions such as, "Wait, I'm being reactive, when I ask that question. Now, what was I being reactive to?", "What got stirred up for me, just before I started teaching?", or "Who was there that I was looking after?" After certain sessions, he might say to himself: "Right, okay, so I did that and I don't think that was great therapy", "Now, what was going on for me in that therapeutic hour?" Initially, videotaping sessions was very helpful for him to become aware of his reactions because he could replay the tape and discover what had happened so that he was teaching instead of asking the couple how they saw their system. This used to be difficult for him to become aware of during the actual sessions.

It is easier for Peter to be aware of his inner reactions to clients when he is not tied up in ruminating about the issues of his life. He realizes that his unresolved issues, for example, a fight with his wife on a particular theme, stirs up issues and may induce him to try to work them out by asking the clients questions that come from what is happening in his life, instead of following their issues.

Since unfinished business with his wife could impair his awareness, Peter works at dealing with and finishing issues with her at the moment. That means becoming differentiated in his marital relationship by defining boundaries and separating his issues from those of his wife.

Peter thinks his reaction patterns were laid in his family. His compulsion to protect is triggered by women, because of his "early training" to look after his mother, and when he acted on it, he was repeating the pattern without reflection. For the most part, the issues that are triggered in him are from his family of origin background, but they can also be triggered by his marital relationship.

Peter knows he has to be careful not to act on impulse. It is uncomfortable for him today, to be compelled to do something for a woman, because he does not like doing "more harm than good" to clients. Rescuing a woman and pursuing the man in couples counselling is destructive to the couple, because it implies that the husband is "not doing right" and it makes him resist more. As a therapist, it is an "impossible expectation", to apply one's own agenda to people and to think they would do what is expected of them. This expectation is also self-destructive because it does not work. When he still held this expectation, he wanted to be successful, but people did not come back. He thinks if he continued to support emotionally every woman client and to expect her to make great changes because of that, it would be troublesome for him, because it would not be successful and he would become resentful. "You cannot be with people, doing therapy [and] feeling like you're resenting it." In his estimation therapists burn out, if they become over-involved with their clients, and need clients to change for their self-esteem.

Peter calls his reactions "own agendas" and they can be conscious or unconscious. For example, early in his work he had the "unconscious agenda", to give support to a woman's feelings and to try to "make it better for her". The theoretical term he uses for his reactions is "reactivity"; a term used in Systems Theory. He defines reactivity as being "triggered into following an old pattern", as opposed to "differentiation", that is, being different from the old pattern, having "awareness of self [and] using self as a vehicle to help people to work towards change". He had learned about the concept of countertransference at university. It made sense to him then, but it did not go into the depth of understanding that he has now. He did not integrate it into "a form that was useful" to evaluate his sessions. He thinks that then, he was "still too

caught up" in his own therapy, his own growing and learning, and that he had not immersed himself enough into the language of psychoanalysis.

He concludes that he is "by no means" sure about not contaminating therapy with his own "stuff" in every one of his sessions, but that he has certainly made "giant steps" in that direction. The difference today is that the issues he is working on are smaller and less intrusive or damaging to clients, than the ones he was dealing with earlier. Today he has a choice, "but not a perfect choice". The work to keep his issues out of sessions is on-going. "There is no end to the amount of personal issues that I can continue to work on as I work at being a more differentiated person and therapist." He says: "I kind of like that plateau I'm at, but ... I don't think it's finished, the aim for me is to continuously work at my craft of being a therapist".

Peter believes that clients need a counsellor who does not rescue or stop them from experiencing their hurt. He believes client tears of hurt (not of self-pity) are healing, and sharing them with someone gives even more power to the healing process.

It is crucial for Peter to be aware of his potential to act on whatever is triggered from his own background, and to sustain the boundary between therapist and client. "It's one thing to care about people and it's another thing to think you can involve yourself in their lives." While it is beneficial for therapy that he cares for clients, and that they recognize his genuine interest in them, it must be within a clear context of a contract that prevents him from giving too much, that is, from overstepping the boundary between therapist and client. He says: "I need to take care of myself, so that the possibility of resentment doesn't contaminate my work with people". "Ideally", he says, "you have your own life and you're busy living it and your work is only a part of it." He must become

differentiated and rely on himself, that is, he must know himself that he does good work and avoid the trap of being attached to the outcome.

Peter's strategy to become aware of, to understand and deal with the triggers in his life and his own reactions is "family of origin work". He said that his concept of reactivity and family of origin work of the therapist is "the same thing" as self-analysis is for the analyst, that is, it prevents countertransference or reactivity from interfering in client sessions. Peter feels fortunate to have a professional association and peer support with the staff of the family therapy training institute, where he teaches and about the fact that they all share and work at their family of origin issues. He also learns more about his family of origin, each time he teaches the model to students.

Family of origin work consisted of mapping out his family of origin, gathering stories and information on what happened in his family. He interviewed his parents about pieces in the puzzle he did not understand, compared and contrasted with his brothers his experience of certain issues and tried to understand the influences that came through his family down to him, and to change his reaction patterns. Peter went back to his parents and tried to act differently, which was difficult and initially not successful, but became easier and more successful over time. It was important to make short visits, to have a plan of what he wanted to do, to set aside time where he consciously said to himself: "I'm going to do it different, even if it's just for ten minutes" and not to expect change in his parents' attitude or behaviour. What mattered was to change his own pattern and to have a different experience of himself. He believes that if people can go back to their parents and act differently from what their patterns compel them to do, they have "done the work at its most anxiety provoking place" and then it is "duck soup" to do it with anyone else. It is much

easier for him to change his patterns in therapeutic situations, in his relationship with his wife and with friends, since he has already done so with his parents.

Peter said his reaction has nothing to do with the client. The focus is on him. "I got the trigger in me." The clients just "pull the trigger", an unresolved issue in him. It is up to him, whether he has a "big explosion" or makes a judgement about the client because of the trigger, or a controlled reaction where he just notes the trigger and thinks about the potential for being reactive.

Conceptualizing what happened in therapy as reactivity and differentiation made sense to him and has enabled him to look at where he came from, "without being judgemental" about himself and his performance. It gave him the freedom to understand and change himself, because it did not diminish his self-esteem. In Peter's view, it is a form of evaluating the session which avoids the build-up of his anxiety, because it evaluates the session and what is going on for him, rather than judging himself as a therapist. Today, he forgives himself when he is "human" and makes mistakes.

In intense situations, it is "hard, but satisfying" for Peter to "be there" in a way that is helpful to the couple. To become differentiated means growing as a therapist. It is part of his profession. The bonus for him in working at being differentiated is that he can relate better to anyone in his life. He can stay present with clients and with the people in his life much more than he once could, because he is not constantly being triggered, getting anxious, or loosing his focus. He is not working out of habit, pattern, or old unfinished business, but rather out of choice.

When Peter is aware of being reactive in sessions, he takes a deep breath, inhibits the impulse, sets it aside and carries on "with the work". This used to be a conscious process, now he thinks it is happening unconsciously most of the time, since

he has put the impulse aside consciously often enough. In his estimation, he has largely "integrated" this process. In intense situations, however, he has to bring his reaction to consciousness and to give himself time to think in order to stop himself from acting on impulse. He will ask himself, "Is that the way I want to go?" "What would work here?" And he consciously distinguishes between what his family pattern is drawing him to do and what is required of him as a professional. It is clear to him now, that he will not be doing the client any good if he allows his own issues to be triggered. He has given up to expect great changes of clients. He knows what he receives is his pay, and everything else, for example the client or himself feeling good about a session, is a bonus.

Today, when clients cry out of hurt, he avoids rescuing or stopping them. He does not hide that he is touched, but he will not act on it as he used to. He will not try to evoke more hurt feelings in the woman and have the man respond to them. He works more on a cognitive level helping the woman to become aware of what triggers her feelings. His self-acknowledgement that there is somebody hurting and his sharing of his perceptions with the couple eliminates his urge to do more about the situation.

He also makes sure to avoid his resentment of giving too much in other ways. He has a clear contract concerning fees. Since he works with people on a sliding fee scale, he charges "probably one of the highest" fees in town for those who can pay and that enables him to work without resentment for a lower fee with others, who can little afford. He pays attention not to over-book himself and not to work too many hours in a week or a day.

When in session, Peter gives his full attention to the client. He has feelings of empathy, caring and connectedness, and an interest in the issues people present to him. What works for him with tearful, hurting clients is just to "be there"

with them. He lets them have the experience, and then allows them to explore and understand what it means to them and where they want to go from there.

Today, although he has beliefs about what makes a good relationship, and being emotionally connected is one of them, he thinks it is not up to him to tell the couple that there are more levels of connectedness. He leaves it to them to decide what level they want to aim for, and if they are satisfied with their level, "that's good enough". He thinks what works in therapy is to "let people be who they are encourage them to ask for what they want".

An important way for him to keep out of reactivity or his own agendas is by asking questions, instead of teaching and suggesting. Asking how a couple deals with conflict situations, is more neutral than rescuing the woman or pursuing the man to rescue the woman. "The best interview is an interview where I only ask questions". It is crucial for Peter not to be "married" to his question, that is he must let it go, if the client cannot or does not want to answer it. All questions come from hypotheses and are leading; it is important not to be attached to his lead, and not to expect people to follow it. Wherever the person goes with the question is not relevant to him or his evaluation of himself, it is only relevant in terms of giving him more information to formulate another question. He believes "the question will do it's work" whatever the answer is. If he sees a couple over a series of sessions, he may ask the same kind of question in different ways over time and it may mean something to them only the fifth or sixth time. A question he uses over and over again in therapy and which works well for him is, "What was that like for you?", which is more open than, "How did you feel about that?" and does not put clients on the spot, if they do not want or are not yet feeling safe enough to talk about feelings.

To beginning counsellors, Peter would recommend family of origin work, because he thinks that we all have issues. "I think we just bring a whole truck-load of issues and they don't go away unless we work at them; they have a life of their own. Unless we interrupt that and channel it or make use of it in a positive way, the potential is there to do more harm than good with our clients."

LAURA

Laura White is a full-time counsellor at a public agency and works with various kinds of addicts and their families. She pursued her professional education at different Canadian universities and acquired a Masters Degree in counselling from a Canadian West Coast university. She has worked eight years with teenagers in the school system and ten years in the field of addictions. Her current approach to counselling is Cognitive Behavioural and Confrontational (Alcohol and Drug Counselling).

Laura grew up in what she considers a "relatively happy" European family, despite the separation from both parents for a number of years, and sometimes just from her father. The family always maintained a fair amount of distance which in Laura's view was "the European style", and a result of the Second World War. The family lived abroad in South America, while the children were sent to boarding schools in other countries. Her mother is rather a "hazy figure" in Laura's memory, because of those separations and since she had a lengthy illness before she died when Laura was thirteen. Laura remembers, however, that her two older brothers were her mother's favourites, whereas she was the favourite of her father, who was an absent-minded scientist. Laura felt very close to her father and had good feelings towards him.

Due to her mother's illness, Laura was the one who looked after the family for years. She became competent at cooking and cleaning at quite a young age.

When her father remarried, Laura was fourteen. Her stepmother did not know how to cook or clean and was "sweet as pie" to her step-children's faces, but hostile behind their backs. After her stepmother had come into the family, Laura no longer considered it as such. Two years later, when sixteen, Laura left home and therefore her relationship with her stepmother "never got to the stage, where it got really bad".

Laura liked her brothers and remembers "a lot of joking around" and being teased. She experienced her brothers as being her stability, because they knew the circumstances at home better than anyone and looked after her during her youth.

Experience of Stressful Behaviour in a Significant Other

Trigger. As a teenager, Laura experienced unjust accusations made by either her father or her stepmother. One example, that always bothered her when she was younger, remained most clearly in her mind. Her stepmother repeatedly had accused her of stealing her father's books, although there was "no way" she would have stolen anything. Incidentally, a few years later, she discovered that her father had given the books to his mother and had not bothered to tell Laura's stepmother. Another example of unjust accusations was that one day, although she thought that she was "really making an effort to get along" with her stepmother, her father accused his daughter of not getting along with her stepmother and said: "Unless you can behave yourself, you'll have to go [to] live with your aunt." She also recalled, when visiting them, "they'd open the door a crack ... [to] see if I had a suitcase and if I did ... or even if I didn't, they'd say: 'You can come in, but you're not staying!'".

Feelings. At the time, Laura felt confused and hurt by these incidents. She felt in competition with her stepmother for "Dad's love" and resented her.

Thinking. As a child, Laura did not understand why her parents behaved in such hurtful ways. She pointed out, "I knew there was something wrong, but I didn't really know what was wrong, but I didn't think it was me that was wrong". She thought her father was treacherous, dishonest and purposely getting at her and preferred her stepmother, but she did not blame or resent him for what happened. When those incidents occurred, she thought her father was absent-minded. She believed that they

were part of "having a stepmother" and "having an awkward relationship" with her. She realized that her stepmother was insecure and jealous of her, and in her estimation they were totally incompatible. Laura had no respect for her and decided, she "might as well get the hell out of the home as quickly as possible, because there was nothing" she could "fix".

Overt Reaction. When still at home, Laura used to "close down", "go behind walls" and "stay there until it was okay to come out". She did not brood, but withdrew and did something interesting, for instance, she read. When her father threatened to make her live with her aunt, whom she could not stand, she got a job and moved out. She did not often visit them, unless she had to or "duty drove" her "to check in once in a while". This was because of her father's and her stepmother's suspicious reception of her.

Processing of Adolescence Experience

Laura thinks now, that her stepmother resented her competence and wanted her out of the house. As a teenager, Laura attributed the unjust accusations to her stepmother only, but she realizes now, that many of these events were also tied in with her father's suspicion. She said that some years ago, when reading her father's correspondence after his death, she and her brothers discovered "he was paranoid and had probably been paranoid all his life". That is, he thought everyone was against him. Laura was relieved to learn this, since it explained "a lot of queer things" that had happened over the years, but which she had not considered strange while growing up. She thinks she dismissed her father's suspicion as a child and put him "on a bit of a pedestal", because she did not want to see him in such a way.

Laura thinks her brothers have been like parents to her, despite their living at a distance. They cared for and encouraged her in many ways, for example, to go to university. She has been "reasonably secure" because of her relationship to them.

Laura thinks that she was not "super-hurt" by the unjust accusations, since she believed that it was not herself, but her stepmother who was the problem. She resented her for "quite a few years". Now, she is "a bit" annoyed that she wasted emotional energy being focused on "such a stupid woman". Laura thinks that she has a "hang-up", which she defines as having an issue that interferes with one's perception of reality, although not a deep one, concerning her stepmother and those incidents of unjust accusation. These made her "very wary of injustice and of paranoid people", the things to which she is "most sensitive".

Experience of Stressful Situations with Clients

Trigger. Laura said: "I'm really quite sensitive to possible injustice arising from a client's paranoia". A counselling situation with "possible injustice because of paranoia" affects her "more than any other single thing does". She finds it particularly stressful when clients go to her boss behind her back, instead of talking out misunderstandings with her; "these are the real treacherous ones." This situation has never occurred with a male client, but "has happened with a woman ... about three times". The first thing she detects in a paranoid client is a strong dislike of women, a strong hostility towards the counsellor, because of her gender, and occasionally, because of her age since Laura is about the same age as some of her clients' mothers. Laura also stressed, "It's with the addicts themselves that the trouble arises" and not with a spouse or a child of an addict, and she added that some of them have deceived

her by successfully hiding their paranoia. For example, she remembered seeing a female addict for a first session, in the presence of a student of social work. In their discussion of the case following the session, Laura and the student had not recognized anything abnormal, except for the fact that they thought the client lied. They were confused as to what was truthful and what was not. This Laura considers as a fairly average impression after an addict's first session. A day later, Laura's employer received a phone call from the husband of this client who quoted things that she had allegedly said, which were "absolute nonsense". This could have endangered Laura's job.

Laura found it difficult to explain how paranoid clients behave. Thinking of a specific case, she says that, they try to "pretend they're not using drugs" and contrary to some people who are relieved when caught lying, they want to get back at the counsellor for penetrating their lie. What makes her anticipate an unjust accusation and puts her on guard is the clients' attitude. What they say and the way they treat people comes across as "arrogant and defensive".

Feelings. Laura found it much easier to describe her inner reaction to strongly hostile clients rather than their behaviour. She said: "When I'm with these clients, I go cold all over." She described it as a very strong reaction and "partly a body thing" that tells her to be careful. "It's probably ... like the fear reaction, when the adrenalin starts going, only more the opposite. I think the adrenalin slows down a bit. Probably, if I studied it, my voice would get lower, and things like that." She said she does not consciously think of her reaction as a fear, although it could be fear, but rather as a flight reaction. When this occurs, she feels "not involved with the client at all" and wants to distance and protect herself.

Laura does not feel this inner reaction with men or teenagers of either sex, because "their reaction, if they want to put someone down is to swear at them and go out the door slamming it behind them". She considers this to be a "fairly honest reaction", and she has "no problem if the hostility is open". On the contrary, she thinks their behaviour is "kind of funny".

With women who are "mildly paranoid", that is to say, mildly hostile toward her, her sex or her age, she feels confident that she can handle them and has "no huge danger signals going off". However, she can become frustrated by their resistance to work.

Thinking. When Laura feels a client's strong hostility or dislike toward her, she says to herself, "Watch this one; this one is trouble!". She sees these clients as dangerous to herself and thinks: "I want out! I need to protect myself and withdraw!" Despite the excitement and reward of helping clients in their recovery, "those are the times I most want to give up being a counsellor, and if I had enough money I probably after one of these occasions, would have said 'To hell with it, I don't need this, it's not worth it'".

When Laura feels mild client hostility or dislike, she tells herself, "Well, maybe we can get on and time will take care of this and as we get to know each other it will be okay". In her experience sometimes this works out, and sometimes not.

Overt Reaction. Laura is aware that her spontaneous overt reaction to strongly passive aggressive clients would be withdrawal, as she had done at home. "If I can't handle something ... I just withdraw and that's still with me. As a professional, however, she cannot withdraw, but has to work toward a referral of the client.

Reflections on Self and Client

Laura becomes aware of her inner reaction through a "feeling of discomfort". This feeling sometimes develops gradually over a session, but most of the time her "danger signals", indicated by her strong inner and physical reactions, are present as soon as she meets a client. Sometimes, however, she does not recognize any danger. "If you're focused in on problems outside your work, that dulls your perception, and my perception in this area is a very useful thing to me professionally". When Laura is not noting her inner reaction, she is "conned" by clients.

Since Laura's perception is so important to her, she tries to "clean up daily and lifetime issues as they come up so that they don't stand in the way" of her "gut perceptions", that is, instinctive perceptions. Conversations with other counsellors or her boss, or conversations with herself help her to do so.

Laura thinks that indirectly hostile, female, addicted clients evoke her feelings in part due to her childhood experience. With strongly passive-aggressive clients she experiences the same feeling as in her youth, when she was the scapegoat. She does not like this feeling and wants to withdraw as she did as an adolescent. Her physical reaction of becoming "cold all over" to indirect aggressive behaviour is for her the "tie-in" with her youth.

The other part of her reaction stems from the fact that "alcohol and drug counselling is one of the more dangerous areas to be in, because of the possible treachery involved". To her, "mild paranoia is part of the territory" with clients using drugs and alcohol. Laura's definition of paranoia is when clients think the counsellor is against them, and they misunderstand the counsellor because they have a "hang-up" interfering with their perception of reality. For Laura, an example of a "hang-up" is when clients "transfer" their hate

toward an abusive mother to her as a counsellor. It is her experience that "a lot of alcoholic women can't stand other women", and are "much more passive-aggressive about the way they react", whereas men or adolescents are more openly aggressive. She also said, prescription drugs in particular can make people "screwy" and thus they misunderstand the counsellor, and some become "totally vicious" to the point of sabotaging the counsellor's job. In her view, the dangerous clients are the "ones who feel guilty as well as paranoid"; they are "looking for a scapegoat and the counsellor is as good a scapegoat as anyone else". "With these clients, whatever you do isn't going to do any good, because they want someone to get at, and you're it". She thinks addicts are "the greatest cons in the world". A counsellor has to expect to be deceived by them, and because of this she is "super-sensitized" to it. When she reacts at first sight she is reacting "off their vibes." These are the cases where she reminds them physically of a parent. "I pick up their reactions to me and react to that".

For the most part, Laura is "glad" to have her inner reaction. It helps her not to be deceived. It aids her as a counsellor, because it sharpens her sensibility. She thinks she could not work with addicts if she did not have this emotional reaction, and she would have been "chewed up by them long ago". She has "very seldom been wrong with that feeling" and can trust it. She says, "It preserves me; it makes me better at my job, because I can see right through them a bit better, and you need this in this field, because you can't presume that people come and tell you the truth". Light-heartedly, she added that in order to work with alcoholics and drug addicts, "you need a bit of a suspicious mind". She sees a danger in her reaction, however, when it comes to the point of her feeling so "fed up" with the indirect hostility, that she wants to give up being a counsellor.

Laura thinks of her strong reaction as "a sixth sense more than anything else". She calls it also "caution", "sensitivity", "self-protection", "gut feeling" (an instinctive understanding), "basic survival instinct", and "a bit of a hang-up".

Alcoholic clients need help to give up drinking. Strongly paranoid alcoholic women, however, with a transference towards Laura will just become more resentful when she works with them. Since their transference is not diffusible, it would be "pointless for anybody" to work with them under such circumstances.

In those instances when Laura has her strong inner reaction to indirectly hostile, female, addicted clients, it is most crucial for her to distinguish between her personal and her professional reaction. "There are two different things there. There's what I'd like to do and there's what as a professional I should do, and those two things differ". When she feels "cold all over", she knows "what I have to do is to deal with it, stay in there and take some action", that is working towards a referral of the client instead of withdrawing.

Laura thinks that referring those clients is "probably right". She has never tried anything else with them, and has always moved toward termination, when she has noticed indirect hostility or when accused unjustly.

Laura encourages herself to act on her feeling by telling herself that, "if they (the clients) are paranoid they're going to get whatever you say to them screwed up and they're going to twist it around to use against you". She reminds herself that there is no point in trying to diffuse their dislike, because it is strong and that she should talk to them as little as possible. She tells herself that usually clients do not dislike her personally, but that because of their "hang-up"

she reminds them of their mother, an aunt or someone else. When she has been "conned", she says to herself, "Well, that hurts them more than it hurts me", and she forgets it.

Laura thinks that strongly passive-aggressive clients are a "survival issue". "There's a very strong feeling in me that I want to survive, that I don't care so much for my job, that I would sabotage my own health, because of it". She knows that working with such a client is not only difficult, but "impossible" for her. She will not put her head "on the chopping block" for them. That is her "bottom line".

Before Laura acts on her strong feeling, however, she assesses the client's history and motivation to recover and firms up her gut-perception that the client is defensive and arrogant. In her experience, clients behave like crabs if they do not intend to recover, "getting out from under every question".

When Laura has confirmed the fact that she cannot work with a woman, she leads her to a point where the client sees a referral as useful. When she has no time to make a proper referral in the first session, she will make a second appointment to do so.

When Laura feels a strong discomfort with female, hostile, addicted clients, she becomes extremely careful. Whereas in a usual first session she gets a case history, assesses clients motivation to recover, helps them set goals and start working at those goals, and gives them homework, she will not proceed this far with indirectly hostile clients. "As soon as I get this feeling, I will draw out the case history, assess their motivation to recover, and I will do very little talking myself and they will do almost all of the talking". She tries to be charming, knowing that she is not involved and that her charm is "only skin deep". To lead clients to a point where they see a referral as useful, she uses immediacy, for instance: "I remind you of your mother, don't I?". When clients can

acknowledge the fact of their dislike, Laura suggests that they might be better off with another counsellor and helps them make a reasonable choice. She suggests that a male or a younger woman, may be more appropriate. She might also speak to another counsellor to see if he is willing to take the client on his case load.

To young counsellors, Laura would recommend they work hard on any personal "hang-ups" which stand in the way of effectively working with clients by either going through the grieving process themselves or getting help. She thinks this also works against burn-out.

OLIVER

Oliver Cole presently conducts a private practice and works mostly with adult males and with couples. He has pursued his professional education for three years taking courses at two Western Canadian universities and is still working on his undergraduate degree. He has been in the helping field for seventeen years and has been a counsellor for ten. His current approaches are Client-Centered, Gestalt, Rational Emotive and Relationship Counselling.

Oliver grew up with two younger brothers in a Canadian middle class family. From outside, it appeared "pretty normal". There was little indication to relatives and neighbours of destructive behaviour within his family. As he was growing up, his perception was quite different, and he felt unhappy, unloved and misunderstood. He perceived his father to be a "very angry man" who left Oliver "feeling blamed, wrong and the real agency of his dissatisfaction". Everybody in the family reacted similarly to his father, but Oliver now thinks the effect on him was much more profound. In his view, his brothers were less traumatized and less governed by "Dad's mood" than he was. They would talk back to him or "brush his comments aside", and they seemed able to have more conversation with him. As a child, Oliver thought his youngest brother received fairer treatment, more consideration and affection from their father than he did. He and his brothers went separate ways quite early in respect to friends, activities, likes and dislikes.

The feeling Oliver had about his mother was one of warmth and security. As soon as she was home, he had a sense of being cared for. Everyone felt the same way about her. Concerning communication, his mother was like the "lightening-rod"; with her around, there was more conversation and lots of joking. The male family members interacted with her more than with each other. Oliver's mother did not "ride interference" between

her husband and the children. He presently thinks his parents had "their own communication problems", and he recalls a few verbal arguments and one physical exchange, but for the most part, they got along well.

Experience of Stressful Behaviour in a Significant Other

Trigger. As a boy, Oliver wanted to do many things with his father, but it often became a horrible experience, since his father was frequently angry and critical. Sometimes his remarks were critical, but most of the time his criticism was non-verbal. This indirect behaviour included a punishing, stony silence and a look that expressed disappointment.

Oliver related two incidents about his childhood. One time, when fixing the car, his father asked him for an "eight-point-wrench" without explanation. When Oliver brought the wrong one, his father threw it at him and said, "Jesus, you're stupid". Another time, they got up early to go hunting together. They drove about two hours in the truck without speaking one word. Oliver sat there feeling totally incapable of being casual and was unable to think of something intelligent to say, to break the uncomfortable silence.

Feelings. A few years ago, when Oliver started to re-establish contact with his parents, he had some experiences that made him recall how he felt as a child. Once when visiting his parents, he heard his father bang his thumb with a hammer, yell and throw it away. Although Oliver was sixty feet away and was not involved at all, he "immediately froze and got diarrhea". Another time, he realized that he was "alert" to his father "all the time"; he needed to know his mood and where he was.

Oliver felt scared as a child in his father's presence and the moment "Dad" wanted his attention he would "panic". His

feelings became "very geared" to his father's expression or response to him. He was afraid of making mistakes and felt "inadequate".

Thinking. Since his father would not give him time to figure things out and expected him to "come through instantly", Oliver expected himself to know things immediately and automatically. He did not give himself "a chance to think". Also, it did not occur to him that he could ask his father what he wanted him to do. Most of the time, Oliver was convinced that whatever he did, he could not do it right.

Overt Reaction. Since Oliver was afraid and unable to ask or think, he often made mistakes. Often as soon as his father was watching him, he could not do what he already knew. He was either overly obedient, immediately dropping whatever he was doing as soon as his father wanted his attention, or he withdrew. He went out of the house to avoid the uncomfortable silence between them, when his mother was not home.

Processing of Childhood Experience

Today, Oliver would term his father's behaviour as "passive-aggressive" and himself as "abused emotionally". He thinks that as a child he had a "conditioned response" to think it was his fault and that "something awful was going to happen" whenever his father was angry. He thinks he might have been better able to handle anger, if there had been a chance to work through it with his father. Since his parent was passive-aggressive, Oliver could never have "the experience of being able to survive" anger.

Oliver attributes many feelings about himself to the fact of how his father treated him or attempted to teach him. He grew up with damaged self-esteem and came out of his childhood

experience with what he calls "my legacy of fear". In his estimation, these feelings are the feelings of people from dysfunctional families.

When Oliver left his family in his early twenties, he had "hatred and disrespect" for his parents and did not value them much. Now, their relationship is better in many respects; it is "an adult relationship with a lot of fondness and mutual respect". He attributes the improved relationship with his parents to the extensive work he has done to change himself.

His present relationship with his parents and also his wife's perception of them directs him to question some of his childhood experiences: "I'm left believing that a lot of my perceptions of my family were in response to my own feelings and attempts to deal with my own insecurities in quite an irresponsible way. Maybe they weren't so bad after all." He realizes that this statement is somewhat contradictory to his former one that his father abused him emotionally. However, he likes to hold both beliefs.

Experience of Stressful Situations with Clients

Trigger. Oliver experiences difficulty in counselling situations where he has to trust and assert his own intuition, beliefs or values against actual or expected opposition by his clients, or situations where he has to say something "confrontive" to them or something that might hurt their feelings. These situations are the most frightening in his work.

The first counselling job Oliver had undertaken, was leading a men's group to substitute for a sick colleague. There were nine men altogether, blue-collar workers like his father and about the same age. One of them had even known his father. He was so sure that these men were going to see him "as a young kid who thought he knew a lot, but didn't know anything", that he felt intimidated, although the men were friendly and

respected him. Another time, he was working with a male alcoholic client on the issue of not drinking. Oliver suspected that he had been "drinking on the side". Since the client pretended that he was doing well, and since there were no obvious indicators to the contrary, Oliver was afraid to challenge him. Again another time, he had to ask a female client to leave a group after she had broken the rule of confidentiality. This was very difficult for him.

At present, Oliver is leading a men's group in an institution. It is extremely difficult to tell them that he is living by the values he is trying to give them, because of their disagreement and dismissal. He also finds it hard to tell a child abuser that he has to report him to the authorities.

Inner Reactions. In his first group experience as a counsellor, Oliver "froze" as he sat down and looked at those men who reminded him of his father. Today, his confidence level of working with groups rises and falls depending on the reaction he gets from the members. With the institutionalized group, when somebody seems interested and participates, he feels good about himself, but if they roll their eyes, fall asleep, look for ways to go out of the room, or disagree, his confidence level falls.

Over the years, Oliver's confidence level with individual clients has changed. He now is quite at ease with people, with whom he used to feel uncomfortable. Overtly angry and aggressive clients, for example, those who engage in family violence or verbally abusive couples do not bother him, since he feels confident of being able to handle them. He has even acquired a reputation of successfully handling aggressive clients.

Oliver has the desire to be agreeable. This, to some degree is "always there". He expects and fears clients' disapproval and disappointment. "It still comes as a surprise when a group of men are satisfied with me as a leader". He has found it hard to believe that the men in his first group "had

a lot of respect" for him, that he had credibility with them. He was afraid to challenge the alcoholic's denial, since his intuition might have been wrong, and he could have made an unjust accusation hurting his client's feelings. He feels horrible when he is wrong or when he hurts someone for then he thinks he is a bad person. When having to confront clients with the "hard news" that they have to leave the group or that he has to report them to the authorities, his fear is intense. He is afraid and reluctant to say this directly and feels as if he is "going to be sick".

Overt Reactions. In the past, Oliver used to "immobilize" himself when he was afraid, that is, he could not get himself to do what he thought was "the right thing". Today, he can often do it, as when he asks a confidentiality breaker to leave the group or when he asserts his values with the men's group in the institution, although it is difficult. However, he also frequently experiences "being surprised" or "falling back ... into that people-pleasing attitude". He then does not effectively handle a situation, for example, he did not challenge the alcoholic client.

Reflections about Self and Clients

Oliver said his fear of not being well received can surface at any time: before, during or after a session or intervention. Usually, that is, if he is up-to-date with his internal process and not too busy or distracted, he catches his fear before it becomes too strong. He recognizes it through his bodily reactions of feeling sick or having "butterflies".

It is important for Oliver to be aware of where he is on the continuum of feeling adequate and courageous, or inadequate and fearful, because his perceptions and approach to life are very closely linked to this. To monitor his inner reactions and catch them before they become too intense, he takes frequent

short breaks to introspect. He takes his "inventory" by asking himself questions such as: "What's the quality of my thought right now?", "What general feeling do I have?", "How am I doing physically?".

In Oliver's estimation, his relationship with "Dad" influenced him to be "critical" and "punitive" towards himself, to be "geared" in his feelings towards the reaction he gets from clients, to think it is horrible if he is wrong, and to feel guilty if someone gets hurt. At the same time, he sees his reactions as his own doing. He goes along with the theory "that we take our parents with us" and "take over where they leave off". He also thinks: "I'm the passive guy ... not the assertive guy". Assertiveness is a "condition of perpetual practice" for him, since it doesn't come naturally. He believes that it is his nature and perhaps human nature in general to feel inadequate.

In Oliver's view, his fear is positive insofar as he is seen as "very respecting and non-judgemental". The negative aspect is that he is often "indirect" or too self-disclosing and does not always concretely get to the client's "hard behavioural changes". He is sometimes afraid to ask "the unasked question", for example, "Did you drink last week?", thus preventing himself from having to confront the client, should he say yes. His experience is such that if his fear gets too intense, he becomes "ineffectual or harmful", but if he can reduce his level of anxiety, his "creative intelligence" still comes through.

Oliver thinks what triggers his reaction is his expectation of being poorly received, which in reality can be quite different, as with his first men's group. He thinks that he developed the irrational belief that a failure meant to be "bad as a person", and the "unrealistic expectation" that it was necessary to please everybody all the time", and that by pleasing everybody he "wasn't going to feel bad".

Oliver has different names for his stressful inner reactions to such client situations. He calls them "a sense of being bad as a person", "my legacy of fear", "people-pleasing attitude", "losing common sense", and "being in jeopardy with myself". Overall, he would term all these reactions "internalized shame".

Oliver is aware that his ability to be assertive is dependent on his confidence level. When changing his thinking and reducing his fear, he can do what is required, but his common sense disappears when his desire to be agreeable becomes extreme. He thinks, he is often not simple and direct, even when he does what is needed. When he fears that the client will disapprove of the "hard news", he mitigates it, softens it, or is "so indirect that it doesn't get through". For example, with a child abuser, he tries "every way of the world" to get the client's approval for reporting him as he goes ahead with it.

He thinks that one of the things the client has come to him for is to get the "hard news", and that it is "silly" to "minimize" certain behaviours such as drinking, because one cannot achieve much in therapy until the client stops.

Therefore, his on-going goal is to assert himself with clients and to treat unacceptable client behaviour such as drinking, using drugs and family violence concretely without minimizing their seriousness and without avoiding being directive. It is crucial for Oliver to recognize his fear and to keep it "manageable" in order to act on his knowledge of what is the right approach. He considers this his professional responsibility. If he feels "unstable" or fearful, he needs to resolve it, so he can act professionally.

In order to do this, Oliver asks what is going on within himself, rather than what the client is doing to him. He thinks

it is not the clients who trigger his reactions. "I have a hunch that I'm the agent of my own trauma; and the clients are just being themselves".

Oliver used to be hard on himself for being afraid. He stated, "I used to have this very strong belief, that I wasn't going to be okay as a person until I didn't feel afraid ... Several years ago, I began to understand that this was an irrational belief to hold and that my initial response to many situations ... was going to be fear to some degree ... [and] the best I could do ... was to have a secondary reaction that I had more control over". He became aware that it was damaging for him to be hard on himself and he developed some self-compassion, which is an on-going task. He accepts his fear now and takes comfort in the thought that it has some usefulness in his work. He accepts his non-assertiveness and no longer feels miserable about it. He believes that by honestly acknowledging his feelings about himself, he is already improving them. If he falls back, he treats himself with forgiveness. He deals with the feelings of loss and sadness that arise, and looks for what he needs to do to mend the situation. He does not expect himself to be perfect and finds it important to have the "humility" to acknowledge and correct mistakes.

He now tries to see his fear as a challenge to do what he is afraid to do, and to feel all right even if someone is unhappy with him. When he does these things, he is rewarded by "a well-spring of courage".

To limit his reactions and to protect himself, Oliver tries not to move immediately from one session to the next, in order to have time to "digest" the first. He has taught himself not to make any major decisions or to debrief right after a group, because he thinks that he needs some time to gain some equilibrium by doing something other than therapy. He remembers that in the past, he was "quite compulsive" and had "high

expectations" of his performance, and wanted to excel at everything, which led him to have a higher client load than anyone in his agency. He put this pressure on himself, because it was his prime motivator; he was unsure he would do as well, if he let up on himself. Oliver is presently leading a group of very angry, aggressive and passive-aggressive men in an institution, where he is "faced with an enormous fear" that he will be inadequate. This makes him suspect that he continues to put himself into such situations in an "effort to disprove what I believe about myself". "Maybe it's an old habit too, it's the way to get over your fears to throw yourself in the middle of it somewhere. I'm not so sure that's the best way to do it ... isn't this just like dysfunctional people ... that we set ourselves up to repeat the same experience?"

Oliver uses his fear as a cue that he is "probably on the right track" with his assessment of what needs to be done. (His fear is only one factor, however, in his consideration of what is appropriate, other factors are his intuition, his perception of the current situation and his past experience of similar situations.) It indicates to him that he has to take care of himself and to do what he considers appropriate against the real or anticipated opposition of the client, which means accepting his fear, but not giving in to it.

For Oliver to manage his fear is a "very cognitive process", much more so than a few years ago. "I have a lot more conscious control over my feelings than I used to think I had." To control his fear during sessions he accepts, reduces and reframes it through internal self-talk. It is important that he does this directly and immediately, otherwise he would start worrying and his fear would become more acute. He talks to himself as a friendly, supportive buddy. He tells himself that fear is all right and that he is not alone in this situation since his buddy is here too. He reminds himself that he can handle it well, since he has some skills to "get through this okay" and

that he must stay "loyal" to himself by doing what is appropriate. He then does not feel alone with his fear anymore. To reframe his fear, he has a personal motto, saying that life has changed from being an ordeal, where he was always afraid to an adventure in interpersonal relationships. When his fear is less developed he does not have to think it all out "in English", rather it happens in some "other kind of instantaneous language".

Oliver believes now, that if he does what is "intrinsically true" for himself, this is also best for his relationship with the client. This belief helps him to "draw the line" between client and counsellor and to give as much as he can give without letting himself down. Today, instead of only looking for a cue, about what is right to do or say from the clients' face or their attitude towards him, as he did when he was younger, he looks for something reliable in himself, his "integrity".

Usually, Oliver does two things simultaneously; he deals with his feelings while attending to and carrying on the conversation with his client. On rare occasions, his fear felt unmanageable, and he took time out to do his self-talk undisturbed. He asked the client to excuse him, and went to the bathroom.

If the relationship with the client is well-established, he reduces his fear through self-disclosure. With clients, to whom he must tell the "hard news", he often shares his anxiety about telling them. He thinks that self-disclosure and immediacy are valuable therapeutic tools, since they help clients to relax and disclose themselves. However, managing his fear with self-disclosure can be a professional dilemma, since it is difficult for him to know how much self-disclosure is appropriate, and he sometimes errs.

In the past, Oliver has gone to therapy. Gestalt techniques have especially helped him to become aware of his critical relationship with himself and to have more self-compassion. He learnt to change his expectations through practical experience and through participating in a peer group. For four years he met with people who came to know each other very well. They felt safe to bring up personal issues and to work out solutions as a group. He now meditates in the morning to get "in shape". When he feels unstable he resolves this before he works with clients. Revealing his feelings to someone else is one way to manage them. He also presents client issues that he is struggling with, to peers and his supervisor.

To beginning counsellors, Oliver would recommend: "Be in therapy yourself!". In his opinion it is not enough to go to workshops or skill improvement presentations. It has to be "the gut-reaching kind of work", work on self-development. Such can be done by having a clinical supervisor with whom one feels trusting and confident enough to disclose one's feelings, by either being in a small intense therapy or peer group, or by being a member of a self-help program such as ACOA. Oliver thinks it takes courage to display one's weaknesses; but that it is healthy to do.

ROSE

Rose Sinclair conducts a private practice. She works with couples and individuals, and runs workshops for couples and care-givers. She practices couples counselling with her husband Bob. She received her Ph.D. from a university in the Western United States, and has practiced counselling for fifteen years. Her counselling approach operates at three levels. On the first, the pragmatic level, she works at crisis support, life management and relaxation. On the second level, she works at self-knowledge and development through Gestalt Work, Jungian Dream Work, Visualization and Deep Breathing. The third level is philosophical, aiming at the development of an authentic and conscious world-view, using stories and myths.

Rose grew up as an only child in a family that superficially appeared quite happy, but which was full of underlying tensions and secrets. She has memories of colours and music in their home and there was always a piano, which was extremely important to her. Her mother came from a boisterous and loving family, and she remembers uncles and cousins visiting often and "wonderful" grandparents she could go to. Her grandmother "always put children first". Her mother, an unusual woman in many ways, read Shakespeare to Rose when she was ten and did this well because she had a wonderful speaking voice and a great imagination. Before her marriage, she had been an executive secretary and had enjoyed her working life. She resented that in her time, women were expected to give up their career as soon as they married. She was a small woman, crippled by polio, having a distinct limp. She gave birth to Rose in an emergency Caesarian due to a hemorrhage. Rose remembers that her mother was often sick. Because of her illness her mother had physical and emotional limitations. She would try to do more than her body could handle and then become very tired. Despite her strong will and ability, she could not always cope. Given that

she was disabled, she was still an active woman, always on some crusade for women's rights, changes in the church and other causes. She was a good public speaker. Rose admired her mother and what she managed against great odds.

Rose's father came to Canada as a teenager from an orphanage in England, where his mother had placed him because she could not keep all her children, after his father had died in a flu epidemic. He had been sexually abused as a child and "acted out sexually" with Rose. This was the biggest emotional difficulty for Rose as a child.

Experience of Stressful Behaviour in a Significant Other

Trigger. The sexual abuse started very early in Rose's life. Since her mother was not well and felt tired in the evenings and could not cope, Dad always bathed her at night. Rose remembers, "The door was closed ... I was getting ready for a bath and one of the things that he used to do with me ... was, he would sit on the toilet and then put me astride him, so that I would pee over him ... and he would get excited ... and when I peed, he would have an orgasm". This was "one of Dad's favourites" when she was young and it was only one of his many sexual behaviours with her. From the time she was very young, her father had told her that telling her mother about these incidents would kill her mother.

Feelings. Her father's sexual acting out was "just horrible" for Rose and she "absolutely hated" it. She was frightened and felt trapped and powerless. In tears she said, "I was just a little kid and there was nobody else around". She was afraid that if she told anyone it would kill her mother. In particular, oral sexual practices caused her repulsion and nausea. Life was very difficult for her. She was in inner turmoil and had mixed feelings about her father. Coupled with tension and anxiety, she experienced excitement, since he would pay a lot

of attention to her. Much later, when she had two daughters of her own, she was terribly afraid that her father would sexually abuse them. She resented both her parents for not protecting her as a child.

Thinking. When Rose was little, she did not understand what was happening. When her father had an orgasm, she only knew that something "strange" happened, and she thought that he looked "weird" and did not want to look at him. She believed her father's threat that telling the secret would kill her mother. She knew that her mother nearly died when she was born and was realizing that her mother was not strong and therefore she thought she should not tell anybody.

Overt Reaction. Rose would cry, when her father was sexually acting out and he would put his hand over her mouth, so that she would make no noise. She used to close her eyes tightly and just do what she thought she had to do. She kept the sexual secrets between her father and herself and "looked really good on the outside". "When things got too difficult, I would get sick and I was sick a lot. I had rheumatic fever for a year; I had glandular fever; I had pneumonia; ... a lot of sickness." She never revealed her story until she had daughters of her own. When her parents wanted their grandchildren to visit them she would not leave her daughters with them "no matter what". She finally told her favourite aunt and then her mother. She has confronted her father partially, but not to the point of any resolution.

Processing of Childhood Experience

Rose has done her own therapeutic work on the issue of her sexual abuse; body work and fantasy work in groups and with a couple of counsellor friends. This included "going back and reliving some of the emotions that go with the early sexual behaviour and feeling a victim". She has done dream-work and

read everything she could find on the subject, and has written diaries on her dreams and on how the literature relates to her experience.

In retrospect, having processed her experience of sexual abuse and looking back with the knowledge she has now, Rose thinks that her father was an insecure person who was afraid to act out his feelings of anger and frustration. He had been "so overwhelmed with the conflicts in his own life" which he dealt with indirectly and inappropriately. She thinks that her mother was very protected by her family, quite immature, and did not know how to handle conflict. She did not address anything in her relationship with her husband, but tried to smooth things over, to keep everything "nice".

Rose thinks now, that there was no room for a child at home. In response to her mother's limitations, she took on a strong role and tried not to burden her mother with herself as a child, and her father forced her into an adult role by acting out sexually with her. "So, what happened was, I ended up being a little woman rather than a little girl." She thinks that she tried to do much more than a girl's body and psyche could handle, and that her frequent sickness was stress related; "there was a lot of stress, keeping a big secret from my mother, trying to play the wife role with my father, the strong woman role with my mother".

Rose knows now, that a child is a victim in early sexual behaviour. "When you're a child, especially when the behaviour is imposed by a father, the protective figure, then ... there is no choice ... I certainly was not aware of any choice in that." She does no longer "self-flagellate" around this issue. When she recognizes feeling like a victim, she immediately pulls herself out of it.

Rose views her sexual abuse as "a hard aspect of life". She categorizes the experience under crises and tragedies; things that cannot be changed. "There is no way I can change that history." She accepts it now as something difficult she went through. She said, "Some of my strength and courage now comes from having endured incest and having developed an understanding of that experience in myself and in society". To Rose, a wise stance is when victims do not think of themselves as victims, but as survivors, when the victimization is over.

When Rose tells her experience of sexual abuse, she is more comfortable when covering her eyes, since she still feels "pretty awful". However, she feels less caught or victimized in it than she used to feel. She said, "I'm not caught up in the anger any more, especially with my mother". "And my father, I am fine with him except when he comes to visit in my house. I can go to his place and visit with him and take charge and be okay; when he comes into my space, I have an awful time. I get very, very tense and stressed."

Rose does not want to confront her father to the point of resolution. She is not convinced it would help, and she does not want to help him and thinks she does not need it for herself. She wonders about the fact that even with all her knowledge about sexual abuse she still becomes tense, when her father comes to her space and she suspects that it might be "because I have no intention of forgiving him". In her view, however, that kind of behaviour is not forgivable. "I'm willing to be his daughter and to take care of an old man, as much as I can and to keep in contact with him, [but] I don't want to be close to him emotionally."

Experience of Stressful Situations with Clients

Trigger. Rose has a very strong emotional reaction when a client reveals having been sexually abused as a child. In the

past, when she was not yet a counsellor and had not yet revealed her secret, it was a reaction to the act of revealing. Her first memory of someone else revealing sexual abuse dates back to when she was a young student nurse in a hospital. A young man, about eighteen years old, revealed having been sexually abused by his mother. She witnessed him giving his history to the physician. Rose was "absolutely frantic" about the fact that the young man had revealed his secret. She had a panic attack and a strong bodily reaction of feeling sick to her stomach. She had irrational thoughts, for example, that the young man should have kept his secret. She thought that since he had brought it up, she also would have to bring it up, and that "all the secrets of the world" would be exposed and her mother would die. She went into another room, cried and vomited. She remembers that she did not want to look after the young man.

Today, the disclosure of sexual abuse usually happens in Rose's couples counselling sessions, and her reaction is not to the client's behaviour, but to the story. For Rose, the story involves the "personal mythology", that is the effects of the experience of sexual abuse on the client's perception of life and her actions.

The women Rose works with are at different stages of dealing with sexual abuse. She can tell from their behaviour, which stage they are at. Before they start to deal with their experience, women have relationship difficulties. They are either not looking and behaving sexually at all, or "acting out seductively", that is play-acting sexually, rather than being sexual. They keep the secret. When clients are acting out seductively, Rose senses immediately that there is "something going on in the background". Revealing the secret is usually extremely hard for clients and it opens up a "pandora's box" of feelings for them; there is initial euphoria about having shared the secret, then pain and anger. Sexually abused women

bring their "awful secret" out in a round-about fashion or "sort of choke out the story". They want to hide their eyes when they disclose it, and they often cry. The worst cases for Rose are when they talk about oral sexual practices of the offender, when the abuser insisted that the little girl suck him or when he suck the girl's genitals. Connecting with their history, their pain, and the emotional release is an exhausting experience for the woman, which is filled with sadness because of a sense of betrayal. When women are moving into anger, they rant and rave against men in general, and often, their anger is directed "wholesale" at their husbands. In Rose's observation, abused women are super-sensitive to having their boundaries invaded. They feel helpless and cannot remember the words "no" or "stop" that would end behaviour that intrudes their boundaries. They have a hard time formulating their own point of view in relationships, to verbalize their boundaries, and to develop a sense of safety.

Inner Reactions. When clients reveal their secret, this is simultaneously the strongest and most difficult moment for Rose. After such sessions, Rose always feels exhausted. She always has a "jumble of feelings" around the issue of sexual abuse. She used to feel a lot of despair and hopelessness. When the issue came up, she used to think, "Oh, no, I can't handle it!". Now, she feels a lot of anger and repulsion, and some pain and powerlessness. She usually feels quite close to clients, when they are revealing their story. When women go through pain and sadness, she feels sadness too; their pain "echoes" in her pain. It is hard for her to see and know about the reality of people who look all right on the outside but are despairing on the inside. Witnessing self-blame and self-hatred in the woman increases her anger and hearing about oral sexual practices triggers her worst repulsion. Her anger is directed at the violator, but also at the fact of "kids having to go through this and the effects it has on women later in life".

Rose said she still feels "caught" in her bodily reactions, since she reacts with a lump in her throat or her neck. In the past, she used to have a knot deep down in her stomach and feel nauseous. Sometimes it is difficult for her to stay with the client and not let her emotions take over. Rose experiences some difficulty when they do not want to talk about the sexual abuse at all or if so, only abstractly. It is then hard for her not to push clients, but let them go at their own pace.

Overt Reaction. In consciousness raising groups in the early days of the women's movement, when a woman revealed sexual abuse, Rose would rage against men and support other woman in doing the same. Earlier in her career, when this issue came up, Rose used to try to defend against her feelings. Now, she will go into the emotions with the client to some degree without taking over. She will acknowledge her feelings, but will pursue those of the client, not her own. If she is not crying, she will be very close to tears. When she thinks it will be helpful to the client, she will talk quite openly about her feelings, about her difficulty to set boundaries and the struggles she has had. She will often touch clients, especially if they reach out. Since she works together with her husband in counselling couples who deal with past sexual abuse, he will take over and talk with the husband about his experience of being a witness while Rose might hold hands with the woman. Both women then can "let down a little", as the focus is off them.

Reflections on Self and Clients

Rose said she is acutely aware of her own reactions, as soon as the issue is coming up. She explains her strong emotional reaction to clients revealing sexual abuse in part by her own past experience being reactivated in those instances; an "emotionally highly charged issue" or a "wound" of her own life is brought up again. Seeing the pain in clients brings up her

own pain and anger and hearing about oral sexual practices brings up the repulsion she felt as a child. The lump she feels in her throat when the topic comes up indicates to her that she still has some feelings of powerlessness around the issue.

Another reason for her strong reaction and her occasional urge to push clients to reveal sexual abuse is her knowledge that disclosing the abuse is a necessary and powerful moment in therapy, since at this point, the pattern of keeping the secret is broken and the woman connects with her body, her experience and her feelings.

Rose sees her anger as a motivator to help the woman free herself from self-blame and self-hatred, but sees a potential danger to bring the focus on herself by going too far into her emotions. She knows that it would be wrong to dismiss the issue or not to respect the boundary in the therapeutic exchange, for example by raging against men in general and supporting the woman to do so, or by talking about her experience in a manner that fulfils her own need, rather than being helpful to clients. She realizes that she must avoid saying things such as "My experience is worse". She knows that because of her childhood experience, she still has unresolved issues around boundaries and power, that potentially can interfere with her client work, and that she has an urge to push clients prematurely to disclose sexual abuse. She also thinks: "One thing that I'm not good at is confronting the violator".

Although the movement of her feelings from fear and helplessness to anger and repulsion, and the movement of her bodily reaction from her stomach to her neck tells Rose that she is improving towards feeling less caught and victimized, she thinks that it will always be difficult for her to deal with sexual abuse. The fact that the issue of sexual abuse is difficult for her requires her "to dig deep for some courage", but since she has worked on it and understands the issues of power and boundaries that come with it, she is confident that

she can work with those clients without dismissing the issue or getting "lost" in it. She said, today, she has a choice of either going right into her emotions, or using self-talk and focusing on the client. An aim for dealing with the issue in client work is to keep reminding herself, that she still has boundary and power issues. She needs to be aware of these in order to keep out of alliances. Another aim she has is to feel free of her bodily symptoms. She thinks to get rid of the lump in her throat is realistic to achieve, since it used to be in her stomach. Already it has moved, which tells her that she is making progress.

Rose knows that clients need to reveal their experience of sexual abuse in order to move toward healing, but also that a relationship has to be built up and some sense of safety developed before someone takes this big step. She knows that it takes courage to disclose, because nearly always there is an awful injunction attached by the offender for revealing the secret. Rose works with a stage model for dealing with sexual abuse, which together with her observations of the client, helps her to know what stage clients are at and what they need, for example to reveal concretely, to deal with their feelings or to explore their boundary and power issues. She has also a framework to look at conflict which enables her to be clear on what is realistic to achieve with sexually abused clients. The levels of the conflict model she uses are: resolvable conflicts, on-going conflicts and tragedy and crisis. The aim is to move out of a crisis state based on a history of sexual abuse into an on-going conflict stage. In this framework agreements can be made around moving toward healing, resolving some of the related issues, so that people can live full lives without the abuse crippling them.

It is crucial for Rose when dealing with her reaction to be really aware that her own issue is coming up, and that she must keep the focus on the client. "I need to keep aware of what's going on with me and reveal it when it's appropriate (i.e. for the client's benefit); and not when it's not appropriate (i.e. for her own benefit). What I have to deal with beyond that, I need to do with my mate or with someone else outside of the therapeutic hour." When she is working with couples, the focus needs to be on the well-being of the couple relationship and she must avoid getting into "triangulations" or "alliances"; instead she must work to "keep the exchange moving between the couple and not get involved with one to the detriment of the other person".

Rose has done therapeutic work on her issue in the past. Today, she often will cry after sessions with sexually abused clients, and her husband will hold her. She has less fear than she used to have of her strong emotional reaction around the issue. "I think that's a very alive feeling, even though it's not great, it is very alive. So I value it".

Rose sees her issue in a the broader context of society. "I am really glad I'm alive right now, when that type of family secret is being exposed and there are societal changes going on around incest. I feel very grateful that I'm not living in the Victorian Era where it would still be a secret". Helping sexually abused clients is a way for her to effectively utilize her experience of having been a victim herself, having gone through the stages of healing. This is a "little unexpected bonus out of a shitty experience". "I think it's wonderful that there is that push in people, and that courage to move towards healing out of the experience of incest". To have chosen to be a counsellor means for her that she has "given up the protective barrier of a secret and a profession where this will never come up again". Opening herself to emotionally highly charged issues means that she never knows when the incest

issue will come up again, that it remains alive and that she needs to deal with it. This has been a good prod for her to progress with the processing toward personal healing, so that her past does not interfere with her present life. Having gone through it herself, she can relate to how difficult it is for clients. She knows by experience that habitual victimization comes "without a lot of consciousness", and that children do not have a choice. She has experienced what it means for children to have to assume the blame themselves, because "there is nowhere else to put it" since they cannot blame adults, on whom their survival depends. She also knows how hard it is and how much courage it takes to reveal the secret when there is an awful injunction attached to it.

To care for herself, Rose sets some limits for working with sexually abused clients. She has decided not to work at a sexual assault centre, since that would be "too hard" for her. She needs some safety, structure and support with the issue and works with sexually abused clients in her own home with her husband co-counselling with her. Usually they work with couples and if she works with individuals, they are usually part of a couple. However, when she gives talks on conflict, she sometimes does reveal that she has her own issues under the areas of crisis and tragedy and will mention incest. Because of this, people will come forward and talk to her about it.

Her bodily reaction is a cue for Rose to move her "own stuff out of it", and to deal with the client's issue. To separate herself from the client, she takes some really deep breaths and reminds herself that she has to be really alert to respect the boundary between herself and the clients by focusing on them. She does this through self-talk by saying "Focus, Rose!". She also tells herself that she has to respect the boundaries of the relationship by not getting involved with

one person to the detriment of the other and avoiding saying things like "My experience is worse", and to keep the exchange between the couple going.

Rose uses encouraging thoughts in order to deal with her reaction. She says to herself, "Okay, here it is again and I'm gonna handle it", "courage Rose!" or "you're okay - you talk to Bob [her husband] later". During her worst moments, she tells herself: "The issue isn't that those things come up or that they are part of your own history or that they happen in the world, the issue is that we have the courage to go through them and the impetus towards healing". When the issue comes up in sessions, she becomes "super-alert", drawing on all her resources - feelings, senses, knowledge and intuition.

She puts her own feelings aside to attend to and observe the client, so she can give direct feedback to her. She shares, however, those parts of her experience - her feelings, struggles that she thinks will be helpful to the client. She shares, for example, her difficulty in setting boundaries at the time when she thinks it will be helpful to bring up this issue with the client. She may disclose her sick feeling in her stomach when she observes clients putting their hand over their stomach in order to make them aware of their bodily reactions. Although it would be difficult for her to help a client confront the offender, she said she would if the client wanted her to do so. She also waits, and lets clients reveal at their own pace.

From her experience of and her knowledge about abuse, Rose knows that validation of the client's experience is important. She has written powerful short-stories on the issue to give to clients to validate their experience and their feelings, and to encourage them to change. She tries to move the client's despair towards anger, since "anger is some sense of power". Body work helps clients, but not at first. "It has to be verbalized to begin with, because there's always this secret." The exploring of power and boundary issues in the clients'

present life is also important. For couples, boundary issues are around parenting and sexuality; power issues are around money, career and sexuality. Rose makes the effort to explore these issues to teach women that these are often sources of present struggles, and coach them to develop and to present their own point of view. Making the man aware of the woman's difficulty in stating her boundaries is very useful. Rose works with both partners on contracts and agreements around these issues. Often, she gets some agreement between husband and wife that it is all right for the woman to cry and be angry when she talks about these subjects because abused woman often cannot talk unless they have some room for emotional release. To be rational when discussing charged issues is a real struggle for them. She sets limits, however, when the anger is directed inappropriately at the husband. Another possible agreement concerns questions of love-making, for instance, "Do we make love with the lights on or only in the day-time and on the floor, because I can't stand it in the dark and in bed?" When a couple has a contract, they can go back and read what their agreements are on matters such as handling of conflicts, money issues or parenting when they are emotional and unable to remember.

Co-counselling couples with her husband works well for two reasons; first, Rose and her husband together are better in that particular topic, and secondly, the couple is greatly relieved to see that other people have gone through this as a couple. The woman feels relieved when the focus is not only on her. When the husbands talk together about their experience, she can see that men can be different, than she expects. The husband hears from another man how difficult it is to be a witness and learns about his wife's difficulties, and how he can stand by and support her.

To young counsellors, Rose would say: "The issue isn't that those things come up or that they are part of your own history or that they happen in the world, the issue is that we have the courage to go through them and the impetus towards healing".

MIKE

Mike Dean conducts a private counselling practice for adults and late adolescents. He works with individuals and couples, and working with men is his special interest. He received his Masters degree in clinical psychology from an American university. He has worked for ten years in the counselling field. Currently, he primarily uses Rogerian, Gestalt, Transactional Analysis and Jungian counselling approaches.

Mike grew up in an upper middle class family. His father was a professional, while his mother, a housewife, looked after Mike and his younger sister. Mike was "Mom's boy", and his sister was "Dad's girl". There was much pressure on him and his sister to achieve academic proficiency. As the "flag bearer" he fulfilled his father's ambition and obtained a Ph.D in Mathematics, his first career field. The emotional atmosphere in the family was quite cool. They did not talk about feelings, and no one ever argued or raised his or her voice. His mother "always denied she had feelings" and his father also "denied that something was going on". There was an "aura" of nothing really happening in the family.

Experience of Stressful Behaviour in a Significant Other

Trigger. Mike clearly remembers two childhood experiences around death, pain and sadness, about which his family did not express any feelings. One incident occurred when he was about thirteen. His mother, her sister and their families were staying together in a cottage, when they learned that Mike's grandfather had died. In Mike's memory the adults responded to that by sitting at the table for hours without talking. Nobody cried or made any noise; they were "very solemn ... staring at the wall". The children were told to go outside. There was no expression of feelings; nobody said, "we're sad" or "we're

crying inside". Another incident occurred when Mike's mother had a stillborn child. The whole family had been excited and looking forward to the baby's arrival. Then, one day, his father came from the hospital looking "glum". He told Mike and his sister that the baby was stillborn. This was the "end of the discussion". Three days later their mother came home, and again no feelings were shown or discussed. Nobody mourned the still-birth; it was "like it never happened". Especially stressful for Mike, however, was when his mother "withdrew" from him without openly showing or talking about her feelings of anger towards him. He cannot remember a concrete incident of this, as much as he would like to, but he remembers "generically", her silence, her "flat voice", her "stony face and her "thin mouth".

Feelings. Mike does not recall any feeling or emotion at the times of death in his family. "There were senses, but no feeling reactions". He could sense that something was going on with the adults, but he could not put a name to it, nor did he have a name for his own feelings. Today he would say that he was disappointed by the loss of the baby and that he had some fears surrounding death. When his mother was angry with him, Mike sensed her anger, but he did not trust his intuition. He felt frightened by her stony face and he would have preferred if she had "hollered a little bit or something". The frightening part was not her lack of expression, but that as a child he wondered if he was "crazy", because what he saw, and what "Mom" said, did not match.

Thinking. Mike remembers experiencing curiosity around the incidents of death. He would have liked to know what was going on with the adults when his grandfather died and he wondered what had happened to the baby's body since there was no funeral.

Overt Reaction. He did not ask questions, however, but went out to play as he was told, and he quickly pushed the painful incidents and his feelings into the background, since this was "the way to deal with things" in his family and he was "a good kid".

Processing of Childhood Experience

Only after having "worked through" his childhood memories in personal therapy, has Mike been able to articulate what had happened in his family with regard to dealing with feelings. He recognized that the family rule was, "You don't feel; you don't feel about painful events, you don't feel about anything". Now, he considers this a "very odd, weird and mystifying" way to handle feelings.

In therapy he came to realize that the "denial of feelings" in his family had taught him "to suppress an awful lot of feelings" and to use intellectual discussion as a defence against them. He learned to see the lack of expression of feelings in his family as a loss and went through fear, anger and sadness about this. He finally learned to express his feelings.

As a child, Mike would never have been able to articulate that he wanted his mother to show more feeling, but now, he knows this is what he wanted; "so I knew what the hell was going on with her". Only as an adult was he able to identify the anger behind his mother's withdrawal. He has tried in later years to validate his intuition about her feelings with his mother, but he says: "I'm beginning to learn that's foolish, because it gets me nowhere except frustrated", there is still "to this day, no way of validating that with her."

Experience of Stressful Situations with Clients

Trigger. Mike experiences difficulty with clients who do not express their feelings, that is, clients who are silent, engage in intellectual discussion, tell long stories without emotional content, or who express their feelings about him without looking at their own feelings about themselves. He remembers a female client who was "furious for weeks on end" with him for allegedly persuading her to have an abortion that she had decided to have, but had mixed feelings about afterwards. It is particularly stressful, when after he has reflected what he perceives to be the client's feelings, the client denies this interpretation or estimation, or even denies having any feelings. Mike remembers a male client he had seen who told him of some "horrendous events that happened in his life" and when Mike said, "Gee, you must be really angry at that" the client replied: "Oh, no, no, no, I don't get down on those people, I have to forgive them".

Inner Reactions. Mike has a strong feeling reaction to such clients. When they tell long stories without emotional content, he sometimes becomes bored and at other times he is afraid to point out to them what they are doing in regard to dealing with feelings. With the woman who was furious at him without looking at her "own stuff", he felt very "stuck and angry". With denying clients he has the strongest feeling reactions: frustration, annoyance, inadequacy and a high involvement. He experiences a temptation to manipulate or coerce clients into admitting feelings. It is very stressful for him to "sit still and let them get to their feelings slowly and let them not have any feelings for a while". He feels relieved when clients "can acknowledge the possibility that they're denying", for example, when they say: "Yes, that is odd that I'm not angry" or "Well, being angry really scares me". He feels that as a result of

his childhood experience, he can "empathize very much" with clients who are suppressing their feelings. "I know what's going on with them."

When clients do not express their feelings, Mike's initial thoughts are, "I've got to do something", "evoke some feeling statement from them", "what's wrong with me that I can't help this man find his feelings?". He wants to prove to the client that he is "an adequate therapist" and wonders if the client has some feelings about him without expressing them. He worries that nothing productive will go on, and since the client is not talking about feelings he will have no way of accessing further work and therefore the client will judge him as inadequate therapist and terminate therapy. When he is anxious there is tightening in his chest and his stomach.

Overt Reactions. When Mike does not "catch" himself before reacting overtly, he is "going along with the client talking about things intellectually", "explaining some psychological theory to them", "telling them what they are feeling" or "pushing" clients into admitting their feelings. Usually, he said, he catches himself doing those things, and then he does "recover".

Reflections about Self and Clients

Mike becomes aware of his reactions to clients either instantly or later, sometimes weeks later. He suspects that "most often" he does not notice his inner reactions clearly when they occur, unless they are strong. Noticing his feelings including his physical reaction is one way of becoming aware, another is realizing that he is talking too much or talking intellectually. Often, however, he becomes aware of his reaction when clients deny their feelings a second time or when they have some subtle reactivity to him, which frequently he notices through their body language, for instance through their

fist-pounding. He then begins to feel a sense of conflict and argument between him and the clients, and he becomes aware of trying to push them to admit something they are not aware of.

Mike knows that he experiences denying clients in the same way as he experienced his mother's denial. He associates his urge to help clients acknowledge their feelings and his need as a child for his mother to show more feeling. When he tries manipulating clients into admitting feelings, he is trying to "validate" his "intuition", which he could never get validated with his mother. He is aware that the more insecure he feels in his intuition, the more he wants to validate it with clients. When he allows clients to avoid discussing feelings, it is in order to please them just as he wanted to please his mother.

Because of Mike's counsellor education, his family history and his experience in his own therapy, he believes strongly that feelings are important and that in good therapy, clients "need to be able to express their emotions in order to deal with what's troubling them ... <u>eventually</u>", since intellectual discussion offers no depth of understanding for them. He thinks that he has chosen his counselling theories according to this belief, because they fit his psyche, and who he is. This belief makes denying clients a challenge for Mike and sometimes he perceives them as a threat to his desire to be a good therapist. At times, he wants to prove that he is a good therapist by evoking some feeling statement from them.

Mike stated that he cannot use his reactions directly for the client's sake. He thinks his emotional engagement with denying clients is "usually on a "too premature, too primitive level", when he thinks he should make something happen, help clients move or make them like him. If acted upon, this leads to dysfunctional, or at least to non-functional interventions. He thinks he is "probably over-involved", when he wants to prove he is a good therapist. When this is the case, he wants to fulfil his own need, rather than meeting the clients' needs.

Mike knows that when he cannot catch his own inner reactions, he will fall into unproductive behaviour. This can be either "inordinate pleasing behaviour ... in order to be sure that clients like what they're getting" or that "I'm being an adequate therapist for them", that is, he is "not sufficiently confrontive", or manipulating behaviour by trying to push clients into admitting the feelings he thinks they have, in order to "validate" his "intuition". He thinks that when he is insisting that clients feel something they do not feel, he is denying who they say they are and is basically calling them liars, that is, he does not respect them and therefore they will have "all sorts of reactions".

Mike calls his reactions "countertransference reactions", defining them "in this case" as reacting to clients "as if they were one of my parents".

To have such reactions to clients evokes feelings of inadequacy in him and he has thoughts such as "I'm not a good enough therapist, I'm still a beginner", and fears that clients are going to find out that he is "no good".

Mike understands that clients deny feelings, because they either actually do not have them or because "they don't dare to be aware of them", due to the fact that "somewhere along the way they learned it was pretty damned dangerous to express or even to have feelings". He thinks that basically they want and need him to hear what they are telling him.

In order to "change track", that is, to avoid or to "back off" from unproductive behaviour, it is important for Mike to be aware of his feelings. He must acknowledge to himself, "This is me, ... not them", "this is my favourite old difficulty when somebody says they don't feel anything", and he must realize that his fear of denials has got him into trouble. He said that he now becomes aware of his reactions much more frequently than he did earlier in his practice.

To enhance his self-awareness, he has again taken up personal therapy. He regularly records his dreams in a journal and processes them either with his therapist or by writing down his associations about them. He also makes sure to talk to his wife frequently about their mutual difficulties with each other's behaviour, and to share their perceptions about these. Learning about himself helps him to be more "in touch" with his clients.

Mike uses his awareness of his or the clients' reactions as a "cue" to "back off" from wanting to make them feel. He "re-organizes" his inner and overt reaction through internal self-talk. Often this is not explicit, he just catches himself and changes his "tune" without an intermediate stage of thinking. "It's sort of built-in now." Sometimes, however, he has to think it all out. He then analyses what is happening; "Boy, I'm really trying to persuade this person of something that they're denying", or "Oh God, here we are both of us having this intellectual discussion which gets them no further". He reminds himself of what is necessary to do and what is not possible. He tells himself things as: "I don't have to make this person do anything", "I'm trying to prove myself to my clients in a way that is unnecessary". A useful phrase that he received from a fine teacher is, "Don't spit against the wind and don't piss uphill". Having stated to himself that he is "overly concerned" with their denial and that what he is trying to do is neither possible, nor productive, allows Mike to feel more adequate as a therapist and lets him give up wanting to "fix" clients.

Mike separates himself from the clients' impasse by telling himself that it is the clients' "stuckness" not his and so he does not have to "make" them move. This helps him not to feel "stuck" anymore.

When Mike feels more adequate through internal self-talk, he can focus again on the client. Focusing on the need of the client, trying to put himself "into the shoes of the client", is how he recovers from whatever he has brought himself into. He gets back on track with them by acknowledging what they say and paying attention to what they want to tell him; for example, he might say, "Well, okay, so you don't feel angry about your grandfather for raping you when you were twelve, tell me some more about it." Since clients rarely tell him what reaction they have to him, feeling that they do not have the right to speak up to "the powerful therapist", he has to watch carefully for their "subtle" reactivity and deal with it.

Mike knows that he has to wait until clients are ready for his probes for feelings. Listening to how feelings were dealt with, when they were young, gives him some clues about how severe the problem might be, and how delicately he has to approach it. He will continuously have "in mind that, somehow or other they have been taught to shut down feelings" until there is some opening by the clients, until they make statements like, "I don't like that feeling" or "maybe I'm resisting something here". Such opening statements indicate to him, that this is the right time to probe deeper, for example, for what happened that they are so frightened about being angry.

Over time, Mike has acquired some ideas of what works for helping denying clients to eventually express their feelings. One option he has is to ask them, what it was like growing up, and if they talk about their childhood, he might ask, "Well, how did people fight in your family?", "How did they express feelings?" or "What happened in your house, if someone died?" Another option is to use "Rogerian reflections", using much milder terms, for example, when a client denies hating his father, he might say, "I imagine it bothered you a little bit when your father was like that", which is easier for the client to acknowledge and over time he can work towards using stronger

terms. Another option is to help them get "some grasp that they have some feelings however mild and minimal" about any other event, to make it safer for them to express feelings. When clients have this grasp and feel safer, he helps them find ways to express the specific kinds of feelings that are difficult for them, by working at their insight of how they learnt early on to suppress their feelings, or how they learnt not to be angry, or specifically what is a problem for them about being angry.

To young counsellors Mike would recommend to do a substantial amount of personal therapy, at least a year, so that they know what kinds of reactions are liable to be evoked by clients. He also would recommend at least a year of supervision, not about what to do to help the client, but focussed on feelings the clients stir up in counsellors. This kind of supervision requires a sensitive therapist supervisor, however. "It is almost doing therapy and being supervised at the same time".

Counsellors' Cognitive Strategies for Managing Their Stressful Reactions to Clients

In this section, the findings of the group-analysis of the participants' responses to the interview questions will be presented. The findings are organized into three topics given by the purpose of this study. These topics describe the stages towards cognitively managing one's stressful reactions to clients: Awareness, Understanding and Management. Awareness involves the realization of one's potentially problematic reaction. Awareness is the first stage, because only that which is in one's awareness can be understood and managed. Understanding involves an assessment of one's reactions, the client's needs, and goal-setting. Understanding is the second stage since only what is understood can be managed, and one's understanding influences one's management. Managing, the third stage, answers how the situation is to be handled to reach the goals.

Within each topic, a number of themes have emerged from the data, that is, from the participant's reflections on their lived experience when dealing with their stressful reactions to clients. The themes describe the strategies which the counsellors in this study use in order to manage their stressful reactions to the particular stress-producing client issues or behaviour they chose to talk about. Commonalities and variations among participants in strategies used, as well as their self-evaluation which took place in all three stages, will be described and discussed.

From the analysis of data, a cognitive countertransference management model was developed (see Figure 1).

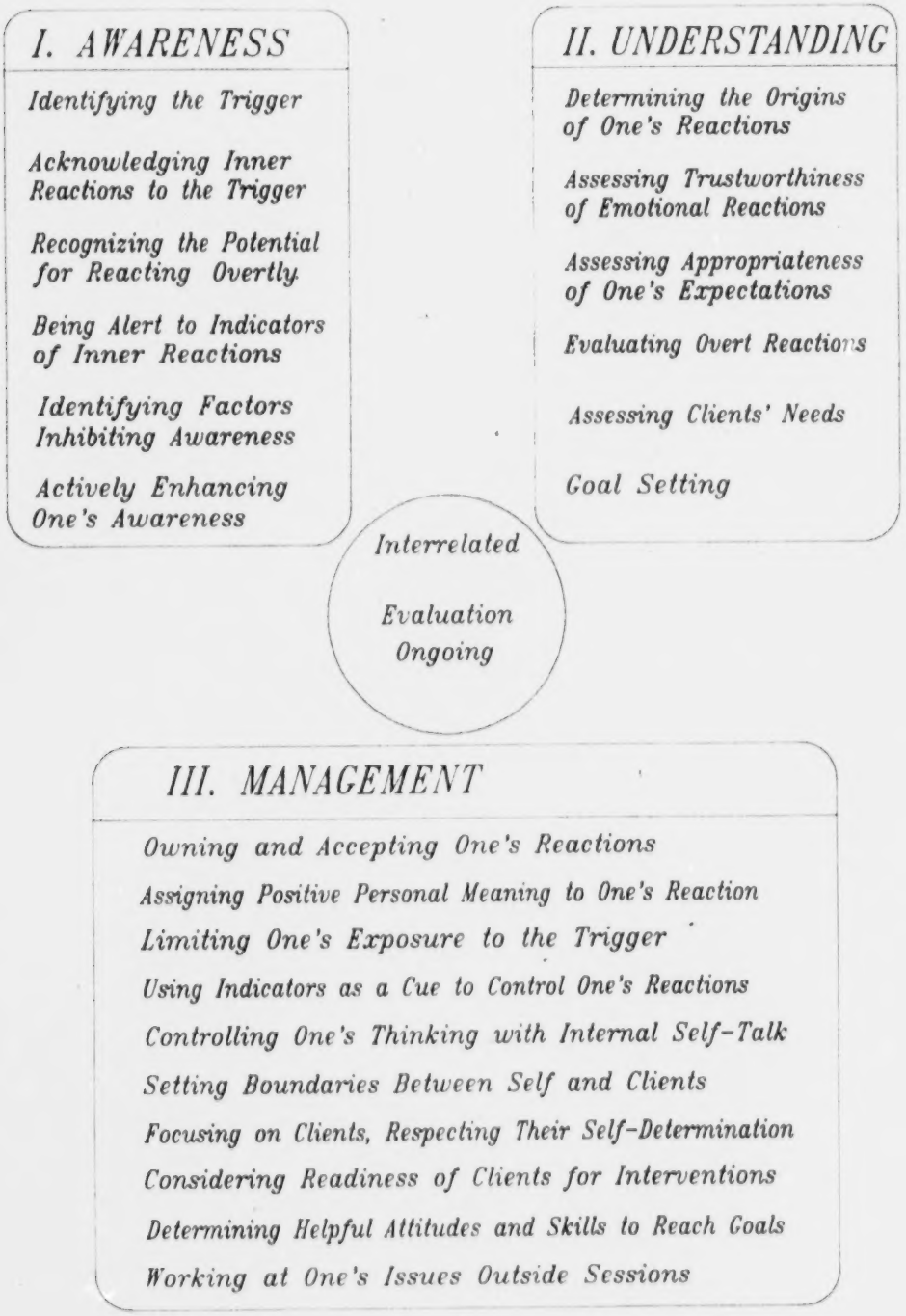
I. AWARENESS
Identifying the Trigger
Acknowledging Inner Reactions to the Trigger
Recognizing the Potential for Reacting Overtly
Being Alert to Indicators of Inner Reactions
Identifying Factors Inhibiting Awareness
Actively Enhancing One's Awareness
II. UNDERSTANDING
Determining the Origins of One's Reactions
Assessing Trustworthiness of Emotional Reactions
Assessing Appropriateness of One's Expectations
Evaluating Overt Reactions
Assessing Clients' Needs
Goal Setting
Interrelated
Evaluation
Ongoing
III. MANAGEMENT
Owning and Accepting One's Reactions
Assigning Positive Personal Meaning to One's Reaction
Limiting One's Exposure to the Trigger
Using Indicators as a Cue to Control One's Reactions
Controlling One's Thinking with Internal Self-Talk
Setting Boundaries Between Self and Clients
Focusing on Clients, Respecting Their Self-Determination
Considering Readiness of Clients for Interventions
Determining Helpful Attitudes and Skills to Reach Goals
Working at One's Issues Outside Sessions

Figure 1: Countertransference Management Model

This model describes the stages the counsellors in this study go through and the strategies they use in managing their reactions to a particular stress-producing client issue or behaviour. For a more detailed presentation indicating the numbers of participants using each strategy and including individual variations within strategies see Tables 1, 2 and 3, at the end of the sections "Awareness", "Understanding" and "Management".

The three stages of cognitively managing one's stressful reactions are related in an interactive manner. Learning in one stage prompts learning in others, for example, better understanding enhances awareness and managing informs understanding. Self-evaluation is on-going, insofar that it occurs in all stages.

Awareness

The strategies identified in this stage involve identifying one's trigger, acknowledging one's inner reactions to it, recognizing one's potential and the way to react overtly when not alert, being alert to indicators of one's inner reactions in sessions, identifying factors inhibiting one's awareness, and enhancing one's awareness actively.

Identifying the Trigger

The interview guide in this study was designed in such a way as to select counsellors who were aware of specific client behaviour that were difficult, uncomfortable or distressful for them. Therefore, all counsellors in this study were able to describe actual or anticipated client behaviour that evoked stressful reactions in them.

In each case, however, the clients' behaviour, such as crying, is perceived by the counsellor to be stressful in context of the clients' larger issue. For example, Mike experiences

stress with clients who deny or do not express their feelings when they talk about "horrible events" in their lives that are painful or upsetting. In Rose's case, the client's issue is even the stronger trigger. The clients' stories of sexual abuse are the main trigger for her strong emotional reaction.

Acknowledging Inner Reactions to the Trigger

When talking to me, all counsellors in this study identified their feelings, impulses or strong desires, their expectations and bodily reactions in response to the client behaviour, issue or situation that is particularly stressful or uncomfortable for them.

Identifying Feelings of Strong Involvement or Detachment

Participants feel either very involved or detached when triggered. Oliver, Rose and Peter feel very involved, whereas Laura experiences feelings of detachment. In Mike's case, however, strong involvement and detachment occurs with the same clients at different times.

The counsellors' strong emotional involvements include feeling "very involved", hurt, pained, angry and repulsed, feeling "caught" by one's bodily reactions and dependent on the reaction of clients for one's confidence. Feelings of detachment include discomfort, boredom, annoyance, frustration and "not feeling involved with the client at all".

Strong involvement or detachment and empathy seem not to be experienced as mutually exclusive by Peter, Mike and Rose, who mentioned having empathy or "feeling quite close" together with feelings of strong involvement and detachment. This seems to support the findings of Peabody and Gelso (1982) that awareness of countertransference reactions is related to empathic ability.

Identifying Impulses or Strong Desires

Each counsellor in this study is aware of experiencing impulses or strong desires accompanying his or her feelings of strong involvement or detachment.

Laura has a strong urge to withdraw, "wanting to run like hell away from the person", and when clients actually tried to "get back" at her, she wanted to "give up being a counsellor". In couples counselling, Peter's impulse is to protect the woman and to pursue the man. Rose experiences an occasional urge to push clients into revealing sexual abuse. Mike has sometimes a "great urge" to "manipulate" or "coerce" clients into admitting their feelings. "It's very stressful for me to sit still and let them get to their feelings slowly and let them not have any feelings for a while", he said. At other times a desire to please clients by going along with their intellectual discussion prevails. Oliver experiences a "desire to be agreeable".

Identifying Expectations

All but one counsellor have negative expectations and fears for the counsellor-client relationship and/or themselves. Mike is aware he expects and fears that he and the client will become "stuck", because the client denies his feelings. He fears that he will have no way of accessing further work, and that the client will judge him as inadequate and will terminate therapy. Oliver is conscious of being afraid to confront clients, or to ask a direct question, for instance, "Did you drink last week?", because he expects that it will hurt the clients' feelings and/or provoke their opposition, and make him "feel bad". Laura is afraid that strongly paranoid alcoholic women will endanger her job and her health by complaining about

her behind her back, for example to her boss. Rose used to want to avoid the issue of sexual abuse with clients, thinking she could not handle it.

Two counsellors have high expectations coupled with negative feelings. Mike feels inadequate as a therapist and his "sense of pressure" to prove that he is a good therapist goes up when clients deny their feelings. He thinks: "I've got to make something happen", "What's wrong with me that I can't help this man find his feelings?". Peter, by contrast, used to have expectations of clients. He used to expect that the couple should respond well to his attempts to get their "emotional imbalance" balanced, and he became resentful when they didn't.

Identifying Bodily Sensations

Participants experience bodily sensations accompanying their feelings of strong involvement, detachment and fear. The bodily reactions accompanying strong involvement are a "lump" in throat or neck, tears or being close to tears. The bodily reaction accompanying feelings of detachment is being "cold all over". Those accompanying fears are feeling sick, having "butterflies" in the stomach, and tightness in the belly or the chest.

Recognizing the Potential for Overt Reacting or not Acting

All counsellors felt that to become aware of their inner reactions in sessions was not an easy matter at all times. They recognized their potential to either react overtly or not to act, when not alert.

Oliver usually catches his fear before it becomes too intense. This is when he is "up-to date" with his internal process and "not too busy and distracted". However, he is frequently "surprised". When this occurs he does not catch his

inner reaction and falls back on trying to please clients. Consequently, he is indirect, non-assertive or too self-disclosing. He recognizes that his "common sense" disappears when he is overwhelmed by his desire to be agreeable.

Mike becomes aware of his reactions either instantly or up to some weeks later. He thinks that "probably most often" he does not notice his inner reactions clearly when they occur, unless they are strong . He then is either "explaining some psychological theory" to his clients or "trying to leap ahead of them" by telling them what they are feeling. Sometimes he is "not sufficiently confronting" and at other times, he manipulates clients into admitting their feelings.

Peter is now aware of his inner reactions to want to rescue the woman and to pursue the man, when they occur. However, when he started working with couples he was not aware of these and used to act on impulse without reflection. Now, he usually recognizes his impulse, and sometimes he catches himself in the midst of acting on it. He is aware that his present anxiety to act on impulse can reduce his ability to think, when it becomes too intense. To a certain degree, however, it prevents him from acting on impulse.

Rose has always been aware of her strong feelings, however, earlier in her life when she participated in the early women's movement, she used to be unaware of her tendency to direct the focus on herself. She reported to have difficulty at times focusing on the client.

Although Laura's "danger signals" are often instant or develop over the course of the first session, at times she has overlooked a danger. Consequently, clients have "conned" her. She is aware that her spontaneous reaction to a real or anticipated injustice by clients would be withdrawal, but she knows that she must not do that with clients.

Being Alert to Indicators of Inner Reactions in Sessions

Each counsellor identified one or more indicators of his or her inner reactions. The indicators that tend to make participants aware of their inner reactions in sessions varied greatly, however. Mentioned were feelings, physical reactions, impulses, overt behaviour, the reactions of the client or some combination of these.

Rose, Oliver and Laura become aware by noticing their feelings and their bodily reactions; for example, Oliver recognizes his fear by becoming aware of "butterflies" or feeling sick in his stomach. Peter usually catches himself by picking up on his impulse to rescue the woman, but sometimes also in the midst of making a statement or asking a question based on that impulse.

Sometimes, Mike notices his feelings or physical reactions, and other times his behaviour, for example, his intellectual explanations. Often he becomes aware when clients show reactivity to his behaviour, by either denying their feelings a second time or through their body language. "I begin to feel a sense of competition and conflict between me and the client". These are clear warning signals for Mike. "Now, something's going on with me here ... I'm pushing them."

Identifying Factors Inhibiting Awareness

The five counsellors in this study varied a great deal concerning the identification of factors inhibiting their awareness. Being distracted as a result of preoccupation with their unresolved issues outside their work was identified as an inhibiting factor by two counsellors, Peter and Laura. Oliver does not become aware of his reactions when he is too busy to introspect. Mike considered his awareness to be dependent on the strength of his reaction; a subtle reaction is harder for

him to recognize than a strong reaction. Rose did not mention such factors, which is not surprising for she reported that her reaction is so strong that she immediately becomes aware.

Actively Enhancing One's Awareness

All counsellors in this study identified ways to increase their awareness of their reactions in client work. Ways mentioned were: monitoring self by asking questions in respect to one's inner experience, watching clients' verbal and non-verbal reactions, resolving daily and lifetime issues, therapeutic work, talking to significant others who can help increase one's self-awareness, and self-reflection through thinking or reading about one's issue or writing diaries.

Peter and Oliver expect that their reaction is always present to some degree and they practice regular self-monitoring. To do so, Peter asks himself questions addressing his reactions in terms of his family of origin experience, questions such as: "Wait, I'm being reactive, when I ask that question. What was I being reactive to? Who was there that I was looking after?" Initially, he found videotaping sessions very helpful for this process. Oliver's introspection or "inventory", in contrast, addresses his present level of functioning and self-confidence. He asks himself the questions: "What's the quality of my thought right now? - What general feeling do I have? - How am I doing physically?".

Mike watches out for clients' reactions to him, including the subtle non-verbal ones in order to become aware of what he is doing.

Laura and Peter try to resolve daily and lifetime issues as they arise, so that they do not impair their awareness when they are with clients. Peter works at finishing fights with

his wife at "the moment", that is, before he goes into client sessions, and Laura talks about her life issues to other counsellors or talks them out with herself.

All participants with the exception of Laura have done therapeutic work on their specific issues. This included working towards awareness of their experience of parental behaviour, and its effect on themselves. Peter found family of origin work, with the mutual support of a group of counsellor colleagues, particularly helpful. This aided him to become aware of the triggers in his life and of his potential for resentment. Rose has done body and fantasy work in groups and with a couple of counsellor friends, whereby she relived some of the emotions that result from being a victim of sexual abuse. Oliver has worked at his awareness of being frightened of his father's passive-aggressive behaviour and its effects on his self-confidence. Group work and Gestalt work in particular helped him become aware of his fears, his self-criticism and the high expectations of himself, and how damaging they were. Mike learned in therapy to become aware of his family's denial of feelings, of how this made him mistrust his observations about his mother's anger and his own feelings, and how he had suppressed them. He has now resumed "an hour and a half of therapy every week" to enhance his self-awareness.

Some participants do talk to significant others, who can help their self-awareness instead of or in addition to therapy. Mike and his wife talk frequently about their mutual difficulties and how they see them. Oliver talks to his wife about his experience with his parents. Laura and Peter have spoken to their brothers about their experiences at home.

Some counsellors are working regularly on their awareness by means of self-reflection. Mike records dreams in a journal and writes down his associations about them. Rose does dream-work as well, and she has read all she could find on the issue of sexual abuse and written diaries on how her reading

relates to her experience. Peter debriefs sessions asking himself about his own reactions, and Oliver takes frequent short breaks to introspect.

Table 1 summarizes the awareness strategies discussed and individual variations within the strategies.

Table 1: Stage I: Awareness

Strategies	Individual Variations within Strategies
Identifying the trigger (5)	Main trigger: - client behaviour: actual (2), actual or anticipated (2) - client issue (1)
Acknowledging inner reactions to the trigger (5)	- feelings of strong involvement (3) or detachment (1) or either/or (1) - impulses (4) or strong desires (2) - expectations: a) negative expectations and fears (4) b) high expectations of self or client and negative feelings (2) - bodily sensations (5)
Recognizing the potential for overt reacting or not acting, when not alert (5)	- catching self usually before reacting overtly (2) - catching self before reacting overtly, when aware of inner reactions (1) - catching self not acting, when aware of inner reactions (1) - not picking up on client behaviour (and therefore not acting) when not aware of inner reactions (1)
Being alert to indicators of inner reactions in sessions (5)	- feelings and bodily sensations (4) - impulses (1) - overt reactions (2) - client's reactions to one's overt reaction (1)

( ) = number of counsellors who mentioned this strategy

Table 1 (continued)

Strategies	Individual Variations within Strategies
Identifying factors inhibiting awareness (4)	- distraction due to unresolved issues outside of sessions (2) - being too busy to introspect (1) - subtleties of reaction (1)
Actively enhancing awareness (5)	- self-monitoring in sessions by asking oneself questions in terms of one's inner experience (2) - watching clients' verbal and non-verbal reactions (1) - introspection before or after sessions (2) - finishing unfinished daily and life-time issues before going into sessions (2) - individual or group work with the help of a therapist or counsellor colleagues (including working at one's awareness of one's experience with parental behaviour and its effects on oneself as a person and counsellor)(4) - talking to significant others who can help one's awareness (4) - self-reflection through recording and processing of one's dreams (2), reading about one's issue and writing a diary on how the reading relates to one's issue (1)

Understanding

The strategies in this stage involve determining the origin of one's reactions and distinguishing between the client's and one's own contributions to them, assessing the appropriateness of one's inner reactions, evaluating one's overt reactions, assessing the clients' needs, and goal setting.

Determining the Origins of One's Reactions and Distinguishing between the Clients and One's Contribution to them

All counsellors in this study said that at least part of their reaction is an long-standing pattern of reacting acquired in the past in response to stressful parental issues and behaviour.

Peter believes that his reaction patterns were laid in his family. He was connected to its members emotions in ways that made him do things he would not have done otherwise. This was, because he was trying to fill a void. "There was space in ... [my] family for someone to care". He understands his compulsion to protect the woman in couples counselling as triggered by his "early training" to look after his mother.

Oliver attributes many of his present feelings and actions to how his father treated him and attempted to teach him. His fear is evoked by his perception that he will not be well received, and that when he makes mistakes he is a bad person. He believes his relationship with his father has influenced him to form these perceptions, that is, to "internalize" some of "Dad's messages". Therefore, he has become self-critical and "geared" in his feelings to the clients' reactions to him. He thinks the bodily reaction in his stomach indicates "a variation of the same feeling" he had when his father was angry and he got diarrhea. Oliver considers, however, that part of his belief to be inadequate is due to human nature and part of his non-assertiveness to his nature.

Mike and Rose think that their reaction has not only to do with their past, but also with the client's behaviour, that is, they have a professional reason for expecting clients to change their behaviour, but it would be premature to act on their professional belief if the client is not yet ready for it. Mike believes that his reactions are partly induced by his experience of his parents' behaviour. He associates a client's denial with his mother's denial. He believes that his childhood experiences have directly influenced his behaviour with clients who deny their feelings. When he allows clients' to avoid discussing their feelings, he wants to please them just as he wanted to please his mother. When he manipulates them into admitting their feelings, then he is trying to "validate" his intuition which he could never get validated with his mother. However, his reactions are also derived from his "need to be a good therapist" and his belief that clients "need to be able to express emotions in order to deal with what is troubling them - eventually".

Rose believes that her strong emotional reaction to the issue of sexual abuse is evoked by her past and the clients' stories. Part of her reaction is a reactivation of the anger, pain and repulsion she felt as a child. However, her occasional urge to push clients to disclose sexual abuse appears to result from an urge to act on her professional knowledge that the revelation of sexual abuse is a very necessary and powerful step in the healing process.

Laura perceives her reaction as partly triggered by her teenage experience at home, but to a larger extent by the clients' hostility. She believes her feelings are partly evoked by her past experience, since she has the same desire to withdraw as she did when she was a scapegoat at home. Her physical reaction of becoming "cold all over" to the clients' indirect aggressive behaviour, is the "tie-in" with her youth. She thinks that the unjust accusations at home made her "very wary"

of paranoid people and "most sensitive" about injustices. The other reason for her feelings is because "alcohol and drug counselling is one of the more dangerous areas to be in", since "mild paranoia is part of the territory". In particular, clients who make use of prescription drugs may become "screwy", and as a result misunderstand what the counsellor has said, twist it around and use it against her. It is Laura's experience that many alcoholic women cannot tolerate other women, since they have "some kind of a hang-up". The counsellor reminds them of their mother or aunt, and they deal with this in a passive-aggressive way. Laura defines "hang-up" as transference, that is having an issue that interferes with one's perception of reality. When Laura reacts immediately, she is "reacting off their vibes", instinctively recognizing in their reactions that she reminds them of somebody else. She understands indirect hostile client behaviour as part of addiction. "A certain percentage of clients are going to be like this ... because they feel guilty, they are ... looking for a scapegoat and the counsellor is as good a scapegoat as anybody." Therefore, Laura thinks she has to expect "a con" and "possible treachery", and she is "super-sensitized" to this.

Assessing Trustworthiness of Emotional Reaction to Guide Interventions with Clients

All counsellors assessed the degree to which they could trust their emotional reaction to guide their interventions with clients. All but one participant thought they could trust their emotional reaction only in part, or not at all, to guide their actions with clients.

Mike and Oliver thought they could not trust their emotional reaction. Mike considered his emotional engagement with denying clients as "usually" on a "too premature" level and leading, if acted upon, to non-functional, if not

dysfunctional interventions. Oliver said that he cannot give in to his fear of the client's reaction, but must do the "right thing", that is act on his intuition, beliefs and values.

Peter and Rose believed they could trust their emotional reaction within limits. Peter thought there was benefit for therapy if he felt caring towards clients, but he did not want to act on his impulse to protect the woman, because it would do more harm than good for the couple. Rose saw her anger as a motivator to help the woman free herself from self-blame and self-hatred, but considered it a potential danger if she went into her emotions "too much".

For the most part, Laura was comfortable with her emotional reaction. She thought that she could trust her feeling and that it helped her not to be conned by addicts. "It preserves me, it makes me better at my job, because I can see right through them ... and you need this in this field, because you can't presume that people come and tell you the truth". However, she said, to act on her impulse to withdraw would be wrong, and she saw danger for herself when feeling so "fed up" with the indirect hostility of clients that she would give up being a counsellor.

Assessing Appropriateness of One's Expectations

Participants assessed their expectations when triggered in terms of realism, judgementalness, appropriateness of their degree of involvement, and/or whose needs they are aimed at fulfilling. All but one counsellor assessed their expectations when triggered as being unrealistic, judgemental, over-involved, and/or aimed at fulfilling their own need, rather than the needs of the client.

Mike considered that he is "probably over-involved" when he is thinking he should "fix" the client, make something happen, make clients move or make them like him. These thoughts, in

his view, are aimed at fulfilling his own need, that is, his need to prove he is a good therapist, rather than meeting the client's needs.

Peter said that in his early work as a therapist, he had a lot of unconscious agendas and judgements about clients. For example, he used to judge the woman as not strong enough to deal with her husband. He expressed that it was an "impossible" expectation to think that he could apply his own agenda by trying to bring the couple's "emotional imbalance" more in balance and they would do as he thought they "should". He described this as needing client changes for his own self esteem and as being "over-involved".

Oliver stated that he had and sometimes still has the unrealistic beliefs that he is a bad person if he makes a mistake and that he has to please everybody to avoid feeling bad, whereas Rose explained that to focus on her own reactions would fulfil her own needs instead of those of the client.

Laura, however, said that her "suspicious mind" is helpful for her to avoid injustices of clients. She assessed her expectations and her need not to suffer unjust accusations by clients, as realistic and appropriate.

Evaluating Overt Reactions

Participants assessed actual or possible results of being triggered into an unreflected overt reaction to clients, and they assessed their present level of dealing with the trigger. All but one counsellor perceived a possible danger to behave in a non-productive, non-professional or even damaging way when triggered.

Mike termed his behaviour when "falling back" as unproductive. He assessed his behaviour as either "inordinate pleasing", "not sufficiently confronting", "in order to be sure that clients like what they're getting" which brings them "no

further", or as "manipulative", that is, trying to push clients into admitting feelings he thinks they have. This he judged as being disrespectful to clients, since it was "denying who they say they are, and basically calling them a liar", which would result in their open or subtle "reactivity". He felt that he was aware of his reactions more often than he used to be earlier in his career and said that he can "back-off" from unproductive behaviour, when aware.

Peter found that rescuing the woman and pursuing the man by forcing on him the agenda that he should know his feelings, rather than encouraging him to explore them, had not worked. It had been destructive to the couple and to himself. It had given the message that the husband "was not doing right", had made him resist more and often the couple had not come back and Peter had become resentful. He stated that he would eventually burn out if he continued to behave that way for "you cannot be with people, doing therapy, feeling like you're resenting it." He explained that although he is "by no means" clear on, and not contaminating therapy with his own "stuff", he has made "giant steps" in that direction. He said that today, he has a "choice, but not a perfect choice", in his behaviour.

Oliver stated that his fear had a good side in that he was seen as "very respecting and non-judgemental" and a bad side in that he was often "indirect" and did not always get concretely to the client's "hard behavioural changes". He considered his actions when his fear becomes too intense as non-assertive, "ineffectual, or harmful". However, he stated that when he is able to control his fear, he can be assertive.

Rose said that it would be wrong to dismiss the issue of sexual abuse in clients or not to respect the boundary in the therapeutic exchange and to "take over". She explained that she still had issues concerning boundaries and power that might interfere with the setting of boundaries in couples counselling. However, the fact that it was difficult for her to deal with

the issue of sexual abuse did not mean that she would dismiss it or get "lost" in it. She asserted that today she had a choice of going right into her emotions or focusing on the other person and she felt confident, that she can work with the issue of sexual abuse.

Laura expressed that to withdraw would be "wrong". She saw, however, no problem with referring clients. She said: "What I'm doing is probably right".

Assessing Clients' Needs

All participants identified the clients' needs in the specific situations when they as counsellors have their stressful reactions. This included an assessment of what clients need the counsellor to do or not to do.

Peter believes client tears that come from hurt (not self-pitying ones) are healing and to share them with somebody else gives even more power to the healing process. He knows that clients need a counsellor who is not rescuing or stopping them from experiencing their hurt. He thinks what works for clients is to "let people be who they are" and "encourage them to ask for what they want".

Oliver knows now that one reason the client comes to him is "to get the hard news", and that it is appropriate for him to be simple and direct about it. Therefore, he thinks it is "silly" to "minimize" unacceptable client behaviour such as family violence or using drugs, because one "cannot do much in therapy before they stop".

Rose thinks that clients need to reveal their experience of sexual abuse in order to move toward healing, but that there has to be a relationship built up and some sense of safety developed first because nearly always there is an awful injunction attached by the offender for revealing the secret. She works with a stage model when working with sexually abused

clients, which helps her to know which stage the woman is in. Together with her observations of the client, this helps her to assess what the woman needs to do, for example, to reveal, to deal with her feelings, to explore power and boundary issues, and so forth. Above all, clients need the counsellor to respect the boundaries of the therapeutic relationship, that is the focus needs to be kept on the revealing woman and on the well-being of the couple.

Mike believes that when clients deny their feelings, they want and need their counsellor to hear what they are telling him and he has to "treat them gently". They deny their feelings "for some very good reason" - either they don't have the feelings he expected them to have or "they don't dare to be aware of them" - for somewhere in their past it was dangerous to express them or even to have them.

Laura's alcoholic clients need help to give up drinking. Strongly alcoholic clients, however, will misunderstand what she says because of their "paranoia" and will just become more resentful if she works with them. In her view, their strong transference is not diffusible, and it would be "pointless for anybody to work with them" under such circumstances.

Goal Setting

All counsellors felt it was important for them to be aware of their reactions and to manage them appropriately, so that they would not interfere with the client's needs. Managing their reactions was generally understood as taking care for themselves, controlling their behaviour, setting limits to the counsellor-client relationship, and to fulfil the clients needs.

In order to be a therapist, Peter thinks he must know himself well enough to avoid the trap of being attached to the outcome. He said, "I need to take care of myself, so that the

possibility of resentment doesn't contaminate my work with people". He added, "it's one thing to care about people and it's another thing to think you can involve yourself in their lives". It is beneficial for the clients if he feels caring towards them and they recognize his interest, but this must be "within a clear context of a contract" which prevents him from giving "too much". He must be aware of his compulsion and interrupt it by being careful not to take sides. He calls this "to be differentiated" from his old pattern or "having awareness of self and using self to help people to work towards change".

Oliver regards it as his professional responsibility to recognize his fear of the client's reaction and to keep it manageable. To do so, he needs to take care of himself and to reduce his level of anxiety. His on-going goal is to be assertive with clients, which means to treat unacceptable behaviour concretely, without minimizing its seriousness, and not to avoid being directive. Oliver wants to keep his integrity by giving as much as he can, but without letting himself down, because he believes what is "intrinsically true" for himself is also best for his relationship with the client.

For Mike, being aware of his fear of denial of feelings, and understanding how it developed, helps him to "change track", that is, to back off and to let clients say what they need to say next. Mike believes that the more he can work with what clients "need at that point" rather than allowing his needs to get "in the way", the better therapist he is. Mike is the only one who did not mention that he needs to take care of himself.

It is important for Laura to have her reaction and to be aware of it in order to protect herself. When she becomes aware of her feelings, she distinguishes her personal and her professional reaction. "There's what I'd like to do (withdraw) and there's what as a professional, I should do, and those two things differ," she said. "What I have to do is to deal with it, stay in there and take some action." As a professional she

has to deal with indirectly hostile clients and to lead them to a point where they see a referral as useful. It is very important to her, however, to follow her strong feeling to save her own health, because that is her "bottom line".

For Rose, it is important to respect the boundary between herself and the client. This means to keep alert that the focus is always on the client and the well-being of the couple relationship. She must, however, also remain aware of what is going on in her, so that she can reveal those aspects which are helpful for the client. Concerning care for herself she said: "What I have to deal with beyond that, I need to do with my mate or with someone else outside of the therapeutic hour".

Table 2 summarizes the understanding strategies discussed and variations within the strategies.

Table 2: Stage II: Understanding

Strategies	Individual Variations within Strategies
Determining the origins of one's reactions (5) and distinguishing between client's and one's contributions to them (3)	- origin in self: one's learning in family of origin (5), one's nature (1), one's urge to act on one's professional beliefs (2) - origin in client: the client's behaviour or issue (3)
Assessing trustworthiness of emotional reaction to guide interventions with clients(5)	- cannot trust them at all (2) - can trust them within limits (2) - can trust them to a great deal (1)
Assessing appropriateness of one's expectations (5)	- in terms of realism (3): realistic (1), unrealistic (2) - judgementalness (1): judgemental - degree of own involvement (2): over-involved - whose needs they address (3): own need

Table 2 (continued)

Strategies	Individual Variations within Strategies
Evaluating overt reactions (5)	- evaluating actual or possible results of being triggered into an unreflected overt reaction (5): unproductive (2), damaging (2), non-professional ("wrong") (1) - evaluating present level of dealing with the trigger (5): satisfied (3), satisfied if aware (2)
Assessing clients' needs (5)	- determining what clients need (5) - determining what they need the counsellor to do / not to do (5)
Goal setting (5)	- self-awareness (5) - self-management in terms of taking care of self (4), controlling one's behaviour (5), setting boundaries for the counsellor-client relationship(5), and meeting the clients' needs (5)

Management

The strategies in this stage involve owning and accepting one's reactions, assigning positive personal meaning to having them, limiting one's exposure to the trigger, using one's indicators for becoming aware as a cue to start controlling one's reactions, controlling one's thinking through internal self-talk, setting boundaries between self and client by confining one's actions and expectations, focussing on clients, considering readiness of clients for interventions that are assessed as appropriate, determining attitudes and skills which are helpful to meet the clients' needs, and committing oneself to work at one's issues outside sessions.

Owning and Accepting One's Reactions

Three counsellors explicitly stressed that they take full responsibility for their reactions.

Oliver explained that when he is trying to manage his reactions, he focuses on his reaction, rather than on what the client is doing to him. Mike stated that he needs to acknowledge to himself, "This is me ... not them", "this is my favourite old difficulty when clients say they don't feel." Peter said, "I got the trigger in me", the clients "just pull the trigger", and he added that it is up to him, if he has an strong reaction, "a big explosion" or a judgement about the client, or a controlled reaction, where he just notes the trigger and thinks about the potential for being reactive.

Three participants considered accepting their own reactions as essential and they said they had to learn this.

In the past, Oliver was self-critical and believed he was not adequate until he was not afraid anymore. Several years ago, he became aware of how damaging this was. He began to understand, "My initial response to many situations ... was going to be fear to some degree", and "the best I could do ...

was to have a secondary reaction that I had more control over", and he developed some compassion for himself, which is an on-going task. Now, Oliver has accepted his fear and takes comfort in the thought that it has some usefulness in his work. He believes that by honestly acknowledging his feelings, especially those about himself, he is improving these feelings. He accepts his non-assertiveness and no longer allows it to make him feel miserable. He does not expect to be perfect and if he falls back, he forgives himself, deals with the feelings of loss and sadness created, and admits and corrects his mistakes.

Peter also recognizes the necessity of being non-judgemental about his reactions. Today, he forgives himself when he is "human" and makes mistakes. Evaluating sessions using the concept of reactivity and differentiation, that is, asking himself what is happening to him, instead of evaluating himself as a therapist by saying: "You're not a good therapist, Peter", has enabled him to understand and change himself, because this did not damage his self-esteem.

Rose used to try to defend herself against her feelings. Now, she is less afraid of her strong emotional reaction to the issue of sexual abuse. She accepts her reaction by saying: "I think that's a very alive feeling, even though it's not great, it is very alive. So I value it".

Laura, however, seems not to have struggled with accepting her reactions since she generally sees them as an asset, whereas Mike, in contrast, is self-critical, having thoughts like, "I'm not a good therapist, I'm still a beginner, I really haven't learned enough yet".

Assigning Positive Personal Meaning to One's Reaction

All counsellors felt that having their stressful reactions in client work was difficult for them. Most, however, assigned a positive personal meaning to their experience.

Three counsellors perceive their reactions as a challenge and incentive for their personal and professional growth.

Rose used to be afraid of her reaction, and she expects that dealing with the issue of sexual abuse will always be difficult for her. It requires her "to dig deep for some courage" and she is always exhausted after such sessions. She said that choosing to be a counsellor means to give up the protective barrier of a secret. Being a counsellor, she never knows when the issue will come up again. This means that this issue remains alive and must be dealt with. This has been a good incentive for her to progress toward personal healing so that her past does not interfere with her present life.

Oliver stated, "Now, the challenge is to feel okay about myself, even if someone is unhappy with me". This has been and still is sometimes hard for him. He sees his fear as an opportunity "to practice" saying what he is afraid to say in a direct manner, and from this he gets a "well-spring of courage", which is a good pay-off for him.

For Peter, in intense situations it is difficult to be differentiated enough to remain helpful for the couple, and sometimes he is anxious about acting on impulse, but this is satisfying for him and it means "growing as a therapist". Becoming differentiated is part of his profession, yet the bonus for him is that he relates better to everybody in his life. He stays present with clients and with others much more than he once did, because he is not constantly being triggered, getting anxious or losing his focus. Neither is he working out of habit, pattern, old un-finished business, but rather out of choice.

Laura, perceives her reactions as an asset. To her, they indicate when her bottom line of what she can, and is prepared to do for clients, is overstepped. They insure her own "survival". She is willing to put up with difficulties and frustrations when working with mildly paranoid clients, but strongly paranoid, passive-aggressive clients are "impossible" to work with for her.

One counsellor, however, sees his reactions as a liability. Having stressful reactions to clients provokes Mike's feelings of inadequacy. To give his reactions a positive personal meaning might make it easier for Mike to accept his reactions and might make them less of a threat to his self-esteem.

Limiting One's Exposure to the Trigger

Almost all of the counsellors actively try to control their exposure to their trigger in some form or other.

Laura tries to limit her exposure to unjust accusations as much as possible. There is "nothing on earth" that would make her take someone on her case-load who is indirectly hostile to her because of her sex, age or her personally. She talks as little as possible with those clients and works towards a referral of them.

Rose has set some limits to working with sexually abused clients, by not working at a sexual assault centre since that for her would be "too hard". Peter pays attention not to over-book his schedule, preventing himself from working too many hours a day or a week.

Oliver questions his motivation for exposing himself to difficult situations, for example, by leading a group with very angry, aggressive and passive-aggressive men in an institution, where he is "faced with an enormous fear" that he will be inadequate. He thinks this is "some kind of effort to disprove" what he believes about himself. He questions whether this is

the best way to overcome his fears, and wonders, "Isn't this just like dysfunctional people ... that we set ourselves up to repeat the same experience." To limit his reactions and to protect himself to some extent, he tries not to move immediately from one session to the next, in order to "digest" the first. Also, he has learned not to make any major decisions or to debrief immediately following a group session, because he thinks he needs time to become balanced again by doing something different from therapy.

As mentioned before, Mike does not consider taking care of himself. One reason for this might be that his reactions are often rather subtle. Another reason might be that he is hard on himself.

Using the Indicator(s) for Becoming Aware as a Cue to Start Controlling One's Reactions

All counsellors in this study use the indicator that makes them aware of their reactions in sessions to initiate a move away from this reaction.

Rose, Peter and Mike inhibit their overt reactions. Rose's strong feelings and the lump in her throat are cues for her to take a few deep breaths, move her "own stuff out of it", and focus on the client. Similarly, when Peter becomes aware of his compulsion to rescue someone, he takes a deep breath, inhibits the impulse and gives himself time to think. Mike's awareness of his or the clients' reactions is a "cue" that tells him to "back off" from wanting to make them feel.

Since their reaction would be not to act, Oliver and Laura remind themselves to do so. Oliver's "butterflies" and fear indicate to him that he must take care of himself, that is "do the right thing" and deal with the issue. Laura's cold sensations are a cue not to withdraw, but rather to act and deal with the problem of the strongly passive-aggressive client.

Controlling One's Thinking with Internal Self Talk

All counsellors use some form of internal self-talk to acknowledge and control their reactions, and to remind themselves to act appropriately.

For Oliver, managing fear is a "very cognitive process". "I have a lot more conscious control over my feelings than I used to think I had." To control his fear during sessions he accepts, reduces and reframes it by talking to himself as a friendly, supportive "buddy". He must do this directly and immediately, otherwise his fear would become more acute. It comforts him to tell himself that fear is "okay" for it is just his first response, that he is not alone in this situation since his buddy is here too and that he will not fall apart because he has the skills to "get through this okay". He reframes his fear through a personal motto which is, that life has changed from being an ordeal of which he was always afraid to an "adventure in interpersonal relationships". He reminds himself to stay "loyal" to himself, and do what is appropriate, by saying, "Don't be a coward, be strong."

When Peter feels a compulsion to rescue somebody he acknowledges it, interrupts it, sets it aside and carries on with what he thinks is required of him as a professional. In intense situations, he has to do this consciously by asking himself questions like, "Okay, here's what I could do ... is that the way I want to go?", "What will work here?".

Laura encourages herself to act on her feelings, by reminding herself that there is no point in trying to diffuse the client's strong dislike of her and that she should talk as little as possible, because strongly paranoid clients will misunderstand whatever is said and "twist it around" to use it against her. To control the impact of the client's behaviour on her feelings, she reminds herself that they usually dislike

her because of some "hang-up". And when they accuse her unjustly, she tells herself, "Well, that hurts them more than it hurts me", which helps her forget about it.

Rose uses encouraging thoughts to deal with her reaction. She says to herself, "Okay, here it is again and I'm gonna handle it", "Courage Rose!" or "you're okay - you talk to Bob [her husband] later". In her worst moments, she tells herself, "the issue isn't that those things come up, or that they are part of your history, or that they happen in the world; the issue is that we have the courage to go through them and the impetus towards healing". She uses self-talk to remain focused on the client, "Focus Rose!" or, "I'm going to have to be really alert here and keep focussed on the client". She tries to be "super-alert" by drawing on all her resources: her feelings, senses, knowledge and intuition.

Mike starts to "re-organize" his inner or overt reactions when he is aware of them. Sometimes he has to "think it all out". He analyses what is happening, "Boy, I'm really trying to persuade this person of something that they're denying" or, "Oh God, here we are both of us having this intellectual discussion which gets them no further". He reminds himself of what is necessary, "I've got to watch it that I don't try to push so-and-so. Wait a minute, I don't have to make this person do anything. All I need to do is to track whatever is going on next, I don't have to create anything to happen". Reminding himself that he is "overly concerned" with their denial and that what he is attempting is neither possible nor productive, allows Mike to feel more adequate as a therapist and frees him from wanting to "fix" clients.

The counsellors in this study do not always consciously use internal self-talk. Sometimes correcting their reactions happens "unconsciously", that is it is "integrated". Three counsellors explicitly made this point.

Mike said that his self-talk is often not explicit; he just catches himself and changes his "tune" without an intermediate stage of thinking. "It's sort of built-in now." Peter thinks that the interruption of his impulse, generally takes place "unconsciously" now, and is largely "integrated" because he has "often enough" put it aside consciously. Oliver expressed the same thought, saying that when his fear is less developed his self-talk is not English, but "some other kind of instantaneous language".

Setting Boundaries Between Self and Clients

Counsellors "draw the line" between self and clients by setting limits to their actions and avoid doing or wanting too much. Peter, for example, avoids "overstepping the boundary between therapist and client" by refraining from rescuing the woman and pursuing the man. He acknowledges to himself that there is someone hurting, which eliminates his urge to do more about it or give "too much". Oliver previously believed he had to please the client, but now, he says, "my belief has changed". Instead of looking for a cue about what is right to do from the client's face or attitude, he looks for what is reliable in himself, that is, his integrity. Rose separates herself from the client by keeping the focus on the woman and the couple relationship, for example she avoids saying things like "My experience is worse", and she keeps the exchange between the couple going. Mike separates himself from the clients' impasse and gives up trying to "make clients move", while Laura draws her "bottom line", which means not taking on clients who endanger her health, and she refers them in a professional way.

Focusing on Clients and Regarding Their Self-Determination

Participants attempt to keep or refocus their attention on clients by attending to them and observing them. They respect the clients' self-determination by following the clients' lead, unless the client's behaviour is unacceptable.

When Mike feels more adequate through internal self-talk, he can focus again on the client. By attending to and trying to put himself "into the shoes of the client" he is able to recover from his own reactions. He gets back "on track" with clients by acknowledging what they say and by paying attention to what they want to tell him, for example, he might say, "Well, okay, so you don't feel angry about your grandfather raping you when you were twelve, tell me some more about it". Clients rarely tell him what reaction they have to him, because they feel they do not have the right to speak up to "the powerful therapist". Consequently, he has to watch carefully for their subtle reactivity and deal with it.

Rose puts her feelings aside, attends to and observes the clients, so she can give direct feedback to them. She only shares those parts of her experience which will be helpful to them. She would also help clients confront the violator, if they wanted to do this, although she thinks this would be difficult for her.

Peter gives his full attention to the clients. He thinks what works in therapy is to let "people be who they are, encourage them to ask for what they want", and to allow them to explore and understand what their experience means to them. Although Peter has beliefs about what makes a good relationship, and being emotionally connected is one of them, he leaves it up to his clients to determine what level of emotional connectedness they want to aim for.

Oliver explained that his internal self-talk takes place while he tries to be attentive and to carry on the conversation with the client. He has, however, on rare occasions when his fear started to feel unmanageable, taken time out to have "a little conversation" with himself.

Laura has to focus on the client in order to confirm her gut-perception that the woman is defensive and arrogant. She assesses the clients' history and their motivation to recover. From experience she knows that clients behave like crabs if they do not intend to recover; they are "getting out from under every question".

For Oliver and Laura, being concerned with the clients' self-determination and following their lead is not applicable since they consider the clients' behaviour as unacceptable. Therefore, they want to assert themselves.

Considering Readiness of Clients for Interventions that are Assessed as Appropriate

Those counsellors who attributed a part of their reaction to professional beliefs and to the client's problem, that is, as partly appropriate, mentioned that they wait for and work towards the readiness of the client before acting on what they think needs to be done. They look for cues to tell them if a client is ready for their intervention.

For Mike, meeting the clients' needs means to wait until they are ready for his feeling probes. Listening to how feelings were dealt with in their families of origin, gives him some clues as to how severe the problem might be and how delicately he has to approach it. He will have "continuously in mind that ... they have been taught to shut down feelings" until there is an opening, that is, client statements such as: "I don't like that feeling" or "Maybe I'm resisting something here." Such opening statements indicate to him that this is the right

time to probe deeper, for example by helping clients discover what has happened that has made them so frightened about being angry.

Taking into account the client's readiness, Rose waits and lets clients reveal at their own pace. She shares the difficulty in setting boundaries at the time when she considers it helpful to bring up the issue for the client. Often, she can recognize when the sharing of her feelings is appropriate by watching body-language. She will disclose her feeling sick to the stomach, to make the clients aware of their bodily reactions.

Laura leads hostile clients to a point, where they see a referral as useful. This is the case when they agree to her suggestion that it might be better if they had another counsellor. If she has no time to do this in the first session, she will make another appointment with them to do so in the next. For Oliver, however, waiting for clients' readiness to be confronted would interfere with his goal to preserve his identity and to be assertive about unacceptable client behaviour.

Determining Attitudes and Skills which are Helpful to Meet the Clients' Needs

Counsellors determine what attitudes and skills are helpful to meet the clients needs.

Laura uses immediacy to confirm her "gut-feeling" that a client is experiencing transference and to help the client see a referral as useful. "I'm detecting some hostility. Tell me, do I remind you of your mother?", she would say. If clients answer affirmatively, she suggests that they might be better off with another counsellor. She might also help the client

make a reasonable choice for another counsellor, matching the client's preferences and circumstances and may ask a colleague if he is willing to take on the client.

Oliver thinks that self-disclosure and immediacy are valuable therapeutic tools since they help clients relax and self-disclose. Therefore, if his relationship with the client is well-established, he reduces his fear through self-disclosure by sharing his anxiety to tell them of his legal obligation to report their abuse. However, managing his fear through self-disclosure can be a professional dilemma for him, since it is difficult to know how much self-disclosure is appropriate for the client. Although he does not recommend being directive as a general policy, since it detracts from a client-focused approach, Oliver thinks that being assertive, direct and concrete about unacceptable client behaviour is the best approach.

Peter considers his feelings and expressions of empathy, caring and connectedness, as well as displaying his interest in the clients' issues valuable for therapy. He is genuine in that he shows when he is touched, and he acknowledges clients' feelings when he notices them. What works with hurting tearful clients is just to "be there" with them and to let them have their experience. An important way for him to avoid his own reactivity is asking open questions without being "married" to them, that is, without expecting or insisting on a specific answer.

Rose finds self-disclosure about her experience, for instance, about her difficulty to set boundaries, useful to bring up the issues for clients. She is also genuine insofar that she goes a certain degree into her emotions, acknowledges them, but does not pursue them. She validates the clients' experience and explores the areas of boundaries and power in the clients' present life. Also, she will coach sexually abused

women to develop and assert their own point of view and in the negotiation of contracts with their husbands so that they can deal with the effects of sexual abuse appropriately.

Mike uses various ways to enable clients to eventually express their feelings. One of these is to ask open questions about their childhoods. When applying "Rogerian reflections", he starts with mild terms for feelings and uses stronger ones later, thus helping clients to become aware of and express their feelings. He might help them to start expressing their feelings in areas, which are least difficult for them, or to work out their problems with specific feelings such as anger.

Working at One's Issues Outside Sessions

All counsellors have worked at understanding and changing their pattern of reacting to some degree. This meant assessing what happened in their childhoods, working through feelings of loss, acquiring new thinking and behaviour, and working towards independence from their parents. Most counsellors used some form of professional help for this process and some of them see working at their issue as an on-going task.

Mike learned in personal therapy to see the lack of expression of feelings in his family as a loss. He went through fear, anger and sadness about this loss, learned to express his feelings and to identify his mother's anger that lay behind her withdrawal. In later years, he tried to validate with his mother his intuition about her feelings, however, he said, "I'm beginning to learn that that's foolish, because it gets me nowhere except frustrated", there is still "to this day no way of validating that with her."

Oliver learned in therapy to be compassionate towards himself and to assess his father's behaviour as emotional abuse. Participating in a peer group for four years, where he felt safe to bring up those issues, has helped him change his

expectations of himself in client work. He also worked "really hard" to control his fear of his father. Now, as a result of his own work, and not because of any changes his patents have made, his relationship with them has become "an adult relationship with a lot of fondness and mutual respect". This was not the case in his early twenties, when filled with "hatred and disrespect", he left his family.

Peter learned in family of origin work to see his parents' lack of emotional maturity and how it had made him try to take care of them emotionally instead of being taken care of as a child. He did a lot of grieving over the losses of his childhood. Through family of origin work, he learned to change his reaction patterns towards his parents without expecting something different in return. He learned not to involve himself in their conflicts, to set limits as to what he could do for his mother and stopped expecting his father to change. Now, since he has become differentiated with his parents, which is the most "anxiety provoking place", it is "much easier" for him to change his patterns with everyone else.

Rose has done therapeutic work in groups. She has learned to see the lack of conflict resolution between her parents and how she was pushed into assuming adult responsibilities as a child and was victimized by her father's incestuous behaviour and did not have a choice. She has learned to feel less like a victim, and if she does, to pull herself out of it. She has given up the anger towards her mother, and she can visit her father and feel all right. She is willing to keep contact with him as a daughter and to take care of "an old man". However, she does not want to be emotionally close to him. She does not want to confront her father to the point of resolution, because she is not sure if it would help. She has "no intention of forgiving him", since she considers his behaviour unforgivable.

Rose suspects this may be the reason she still becomes tense despite all her knowledge about sexual abuse, when her father comes to her home.

Laura did not mention professional help. She thinks she always has felt "reasonably secure" because of her relationship with her brothers, who always cared for and encouraged her like parents. She thinks she was "not super-hurt" by the injustices at home, because she believed her stepmother was the problem not herself. However, she is still annoyed that she wasted emotional energy, for years, resenting and focusing on her stepmother, and she thinks those incidents have made her very sensitive about injustice and wary of paranoid people. Talking to her brothers about their experience at home and about their father's correspondence has helped her to better understand her father's part in the unjust accusations.

Some counsellors are still working at their issue, or are getting support for dealing better with it. Oliver, for example, sees it as an on-going task to develop compassion for himself and to improve his assertiveness. In the morning, he meditates to "get in shape for the day". When he feels unstable, he resolves it before he does client work. Revealing his feelings to somebody else is one way to manage them. He also presents client issues he is struggling with, to peers or his supervisor.

Rose practices co-counselling with her husband, since she needs safety, structure and support with the issue of sexual abuse. After these sessions, she will often cry and he will hold her. She feels she is progressing, because she experiences more anger and repulsion, rather than fear and helplessness. She would like, however, to become free of her lump in her throat or neck and thinks this is realistic to achieve, since her lump has already moved upwards from her stomach to her neck.

Mike is in therapy again, and he talks to his wife about their mutual difficulties. Learning about himself helps him to better understand his clients.

Although Peter is quite satisfied with how he deals with his issue, he said, "There is no end to the amount of personal issues that I can work on, as I work at being a more differentiated person and therapist". Today, the difference to him, is that the issues he is working on are "less big" and less intrusive or damaging to clients. He has peer support with the staff of a family therapy training institute, and they all share and work at their family of origin issues.

Table 3 summarizes the management strategies discussed and variations within the strategies.

Table 3: Stage III: Management

Strategies	Individual Variations within Strategies
Owning (3) and accepting one's reactions (4)	- deliberate owning of one's reactions (3) - learning to accept reactions (3)
Assigning positive personal meaning to one's reactions (4)	seeing one's reactions as: - challenge and incentive for growth (3) - asset (1)
Limiting one's exposure to the trigger (4)	- not specialize on the client issue that triggers one's reactions (1) - not over-book oneself (1) - take breaks between sessions (1) - referrals (1)
Using the indicator(s) for becoming aware as a cue to start controlling one's reactions (5)	start controlling reactions by: - inhibiting one's reactions (3) - taking deep breaths (2) - giving self time to think (1) - reminding self to act instead of reacting (2)
Controlling one's thinking with internal self-talk (5)	- consciously (5) - integrated sometimes (2) - integrated most of the time (1)

Table 3 (continued)

Strategies	Individual Variations within Strategies
Setting boundaries between self and clients (5)	- confining one's actions (2) - avoiding doing too much (3) - avoiding wanting too much (1)
Focusing on clients (5) and respecting their self-determination unless the client's behaviour is unacceptable(3)	- attending to client (5) - observing client (3) - follow the client's lead (3) - to follow the client's lead is not applicable, since clients behaviour is unacceptable (2)
Considering readiness of clients for interventions that are assessed as appropriate (3)	- wait and have cues for readiness of client (2) - prepare client for intervention (1) - one's reaction is not assessed as having a realistic component (2)
Determining attitudes and skills which are helpful to meet clients' needs (5)	- genuineness (2) - self-disclosure and immediacy (3) - empathy, acknowledging and validating clients experience (3) - open questions (2) - others (4)

Table 3 (continued)

Strategies	Individual Variations within Strategies
Working at one's issues outside sessions (5)	- with professional help (4) - by oneself (1) - assessing what happened in one's relationship to one's parents (5) - working through feelings of loss (5) - working at one's independence of parents (4) - changing one's thinking and behaviour (4) - ongoing work at and/or getting support for managing one's reactions better with clients (4)

Observations on Counsellors' Use of Language

Participants used descriptive terms, counsellor jargon and/or theoretical terms to describe their reactions. The terms used and their definitions seem to reflect the participants' assessment of whether they can primarily trust their inner reactions to guide their actions or not. Only one counsellor used the term "countertransference" to name his reactions, although all counsellors knew and dealt with the phenomenon.

Oliver had different terms to describe his reaction: "a sense of being bad as a person", "my legacy of fear", "people pleasing attitude", "loosing common sense", "being in jeopardy with myself" or, as an overall term: "internalized shame". Rose called her reaction the "emotionally most highly charged issue of my life" or her "wound".

Peter called his reactions "own agendas" or "reactivity", the term used in Family Systems theory, which he defined as being "triggered into following an old pattern". He added that he learned about countertransference at university and that it made sense to him, but that the concept as he learned it did not go into the depth of understanding he has now. He did not integrate that concept into a form that was useful for him for evaluating sessions as he did with the concept of reactivity. He thinks that then, he was "still too caught up" in his own therapy, his own growing and learning, and that he did not immerse himself enough into the language of psychoanalysis.

Mike called his reactions "countertransference reactions", defining them "in this case" as reacting to clients "as if they were one of my parents. Laura named part of her reaction "a bit of a hang-up", but whereas she defined a client's "hang-up" as "transference", she did not use the term "countertransference" for herself. This is probably because she assessed her reactions primarily as useful. The useful

part, she called: "caution", "sensitivity", "self-protection", "gut feeling" (i.e. instinctive understanding) or "basic survival instinct".

Summary

The counsellors in this study reported their stressful reactions to a specific client behaviour or issue. They attributed these reactions at least in part to their stressful experiences with a significant other when growing up. This defines them as countertransference reactions.

The analysis of data for the group as a whole revealed counsellors' cognitive strategies for managing their stressful reactions. These strategies can be grouped into three types: First, awareness strategies, dealing with observing, identifying and acknowledging their reactions. Second, understanding strategies, dealing with assessing their reactions and the needs of clients, as well as goal-setting based on these assessments. Third, managing strategies aimed at meeting these goals. The goals counsellors identified were: taking care of themselves, controlling their reactions, setting limits to the counsellor-client relationship, and meeting the client's needs.

The counsellors in this study agreed to a large extent in the strategies they use, despite a wide variety of triggers, reactions and counselling orientations among them. The differences in the managing strategies used are due to differences in the counsellors' assessments as to the ownership and the appropriateness of their reactions, to whether or not they considered the client's behaviour acceptable, and to whether or not they include taking care of themselves in their goals. Differences within strategies, however, seem to be related to the type of trigger, counsellors' present level of dealing with it, their personal traits and their counselling orientations.

DISCUSSION

In this chapter, the significance of this study will be discussed with its implications for counselling. Future research will also be considered.

Significance of this Study

The purpose of this study was to examine and describe experienced counsellors' explanations as to how they become aware of countertransference feelings in their actual practice and how they understand and deal with them. The research question was: What cognitive strategies do experienced counsellors use and consider to be satisfying in managing their countertransference reactions?

Based on the review of literature, I assumed that there were three stages or sub-goals for cognitively managing one's countertransference reactions: Becoming aware of these reactions, understanding them, and managing them. This assumption was confirmed by the counsellors in this study; they use strategies which address all three sub-goals.

In the literature, strategic recommendations for dealing with one's countertransference feelings are sparse. This is especially true for stages two and three. Often only individual strategies are mentioned without much specification. This study has developed a three-stage model for dealing with countertransference reactions with specific strategies belonging to each stage. The model is based on the analysis of five counsellors' experience with, and reflection about, their handling of such reactions to clients.

In general, the strategies which these counsellors use are in agreement with the suggestions found in the countertransference literature.

Strategies recommended in the literature and also used by these counsellors were: all awareness strategies, with the exception of "Identifying hindering factors to awareness", the understanding strategy "Defining the origin of one's reactions and distinguishing between one's own and the client's contribution to it", and the management strategies: (a) Owning and accepting one's reactions, (b) Using indicators for becoming aware to start controlling one's reactions, (c) Controlling one's thinking with internal self-talk, and (d) Working at one's issues outside sessions. There was nothing found that contradicted the clinical recommendations.

However, some strategies not mentioned in the counter-transference literature could be identified. These strategies seem to be useful for counsellors in dealing with counter-transference reactions:

(e) Identifying factors inhibiting one's awareness seems relevant for counsellors to determine what actions could be taken to remove these obstacles to awareness. (f) Assessing the clients' needs in the specific situations when a counsellor has stressful reactions seems useful to distinguish them from the counsellor's needs which threaten to interfere with the counselling process. (g) Goal setting seems indispensable for counsellors as a prerequisite for developing strategies to manage their reactions. (h) Assigning positive personal meaning to one's reactions seems helpful, since the experience of countertransference is a difficult one, which potentially threatens counsellors' self-esteem. It may facilitate counsellors' openness to, and acceptance of, their reactions, which is considered important by many authors (Casement, 1985; Cerney, 1985; Chessick, 1986; Corey et al. 1988). (i) Setting boundaries between self and clients appears to prevent counsellors from wanting to do or to expect more than is possible or helpful for the client. (k) Focussing on clients and respecting their self-determination seems to enable counsellors to gain distance

from their stressful reactions, and to meet the clients' needs. (l) Considering the readiness of clients for interventions that are assessed as appropriate might inhibit counsellors from intervening prematurely based on their own needs as opposed to those of the client. (m) Determining attitudes and skills which are helpful to meet clients' needs would appear to be useful for counsellors to implement professional behaviour in stressful situations.

Some strategies are alluded to in the literature, but described more specifically by the counsellors in this study. For example, Watkins (1983) recommended that counsellors examine critically their thoughts, feelings and behaviour. The counsellors of this study do this specifically by the following strategies: (n) Assessing the trustworthiness of one's emotional reactions to guide one's interventions with clients; (o) Assessing the appropriateness of one's expectations in terms of realism, being judgemental, degree of one's involvement and/or who's needs are addressed; and (p) Evaluating one's overt reactions. Their behavioural self-evaluation included actual or potential results of being triggered into an unreflected overt reaction and their present level of dealing with the trigger.

The strategy Limiting one's exposure to the trigger includes referrals as recommended in the literature, but involves also other ways for counsellors to care for themselves; these are not to specialize in the type of client issue that triggers one's reactions, not to over-book one's schedule, and to take breaks between sessions.

Further, Beier (1966), Kiesler (1979) and Sandler et al. (1973) suggested emotional distancing to manage one's reaction, without specifying how this could be achieved. The counsellors in this study seem to achieve this by the strategies (b), (c), (i), (k) and (l) above.

Sandler et al. (1973) and Springmann (1986) suggest to assume a professional attitude or to keep to professional rules. The counsellors of this study seem to achieve this by the strategies (i), (k), (l) and (m). These are also in accordance with the general values and guidelines for working with clients in counselling practice.

Overall, this study provides a clearer understanding of what strategies experienced counsellors use to become aware of their countertransference feelings and how they understand and manage them. The model of strategies seems to enlighten the open question implied in Robbins and Jolkovski's article (1987) about what a conceptual framework for dealing specifically with countertransference reactions might look like regardless of the theoretical orientation of the counsellor. However, this model must be regarded as tentative, because it is based on a limited number of five counsellors. It is to be expected that further investigations with more participants will add more variety within strategies, such as further signals for identifying countertransference reactions or more ways of assessing them.

Another aim of this study was to provide some narratives of counsellors' experience in order to illustrate their management of countertransference, since case studies of counsellors' experience of countertransference are rare. Because of the openness of the participants, this study contributes to the counselling field by some in-depth accounts of what the experience of countertransference looks and feels like for experienced counsellors. Empathic reading of these personal accounts and reflective self-examination may lead counsellors to affirm or to work at enhancing their competence as helpers.

An expected finding of this study is that the participants used various descriptive and theoretical terms for the phenomenon of countertransference and were not all using the term "countertransference". This finding supports the methodological decision not to introduce this term with the participants.

Implications for Counselling

A clearer understanding of what strategies experienced counsellors use to manage their countertransference reactions regardless of their theoretical orientations sheds some light on what abilities counsellors should acquire as safeguards against countertransference behaviour. The findings of this study demonstrate that to manage countertransference requires a counsellor's reflective self-examination and self-management abilities. This means that counsellors must integrate their theoretical and practical learning about counselling to such a degree that they can apply it in respect to themselves, in particular, for coping with client issues or behaviour which is stressful, difficult or uncomfortable to handle. To have a conceptual model for managing countertransference reactions might support them in this task. Therefore, the model of countertransference management developed in this study could be introduced in counsellor training, supervision, peer consultation and self-supervision for testing of its usefulness and possible improvement.

One application for the model would be for a counsellor to have a particular personal countertransference reaction in mind, and to think through the model to decide if and how he or she would apply each strategy to manage this reaction. Through this process, a better understanding might be gained as to what strategies are applicable to this particular reaction, which are applied satisfactory and which may need to

be worked at for the improvement of one's awareness, understanding and/or management. This process might also indicate specifically where a counsellor is at an impasse and needs input from outside sources. Such an assessment might help counsellors to work specifically at the strategies that need improvement and may help them become more successful at dealing with their countertransference reactions.

Another application of the model could be for the reflection about and the preparation of specific client sessions where countertransference was or might be a problem. Such a process could lead to an in-depth assessment of whether or not countertransference has occured, and if yes, what kind. It also might lead to a personal preparation plan for dealing with a particular client's issue or behaviour pattern which is stressful, difficult or uncomfortable to handle.

In counsellor training, the model could be used in a more theoretical way, perhaps for the discussion of: (a) how different types of conflictual reactions to clients could be identified and understood, (b) what self-observations and considerations are needed with clients that are personally difficult for a counsellor, and (c) what skills are indicated to manage one's conflictual reactions.

It seems also worthwhile to foster in students the sensitization to personal countertransference issues, and the application of counselling knowledge to deal with them. However, since countertransference is a highly personal and emotional experience, the question arises if and how counsellor training could provide support for this process without violating ethical requirements. Professional codes of ethics such as those of the Canadian Guidance and Counselling Association (1989) or the American Association for Counselling and Development (1988), require counsellor educators and supervisors to refrain from dual relationships. Counselling students or offering courses to them with emphasis on

self-disclosure or other relatively intimate or personal involvement are considered unethical, since such activities interfere with the administrative, supervisory and evaluative authority of counsellor educators in respect to students. Nevertheless, counsellor educators and supervisors could devise ways to initiate the above process without requiring students to self-disclose. This could be done, for example, by having students read the narratives in this report or other reports of counsellors' experience or having them write about their experience using such a management model. Also, a sensitive supervisor, provided a trainee is ready for it, might be able to address the student's conflictual reactions, and the strategies required for managing them, without violating the ethical requirement, since it is up to the supervisor to find the fine line between counselling and supervision and to make supervision growth-promoting (Corey et al., 1988). Finally, students could be encouraged to seek counselling outside the training institution.

Implications for Future Research

Previous research has indicated that the awareness of and a clear conceptual framework for understanding countertransference feelings can help prevent countertransference behaviour. The present study has contributed to answering the question as to what strategies experienced counsellors use to become aware of, understand and handle their countertransference reactions.

Although this study has "empathic generalizability" (Osborne, 1990), since these counsellors, despite their variety of triggers, reactions and counselling orientations, agree to a very large extent in the strategies they use, further studies

will have to be done to investigate to what extent the strategies used by these counsellors are applicable to counsellors in general, and to explore all possible variations within them.

Furthermore, it would be important to investigate if the introduction of such a countertransference management model in supervision or self-supervision is useful for improving counselling practice.

This study has researched a specific kind of counter-transference, the stressful reactions to clients based on the counsellor's childhood conflicts. Another area of research would be to develop such models for special areas of counselling where unresolved issues of a different nature, for instance, life-time issues or cultural biases, might interfere with optimal empathy. Such areas might be grief counselling, interracial counselling, or counselling members of the opposite sex to name but a few.

In addition, other helping professionals such as teachers, nurses, social workers or probation officers might profit from a development of a countertransference management model applicable to their fields.

REFERENCES

American Association for Counselling and Development (1988). Ethical Standards. Alexandria, VA: Author.

Arlow, J. A. (1979). Psychoanalysis. In R. J. Corsini (Ed.), Current psychotherapies (2nd ed.) (pp. 14-55).Itasca, IL: F. E. Peacock.

The Atlantic Monthly, January 1989.

Bandura, A. (1956). Psychotherapist's anxiety level, self-insight, and psychotherapeutic competence. Journal of Abnormal and Social Psychology, 52, 333-337.

Bandura, A., Lipsher, D. H. & Miller, P. E. (1960). Psychotherapists approach-avoidance reactions to patients' expression of hostility. Journal of Consulting Psychology, 24, 1-8.

Beier, E. G. (1966). The Silent Language of Psychotherapy. Chicago: Aldine.

Blanck, G. & Blanck, R. (1979). Ego psychology II: Psychoanalytic developmental psychology. New York: Columbia University Press.

Blum, H. P. (1986). Countertransference and the Theory of Technique: Discussion. Journal of the American Psychoanalytical Association, 34, 309-328.

Bogdan, R. & Biklen, S. (1982). Qualitative research for education: An introduction to theory and methods. Boston, MA: Allyn and Bacon.

Bogdan, R. & Taylor, St. J. (1975). Introduction to qualitative methods in evaluation. New York: John Wiley and Sons.

Brady, J. P. (1980). In M. Goldfried (Ed.) Some views on effective principles of psychotherapy. Cognitive Therapy and Research, 4, 271-306.

Brenner, M. (1985). Intensive interviewing. In M. Brenner, J. Brown & D. Canter (Eds.), The research interview: Uses and approaches. New York: Academic Press.

Brown, J. & Canter, D. (1985). The uses of explanation in the research interview. In M.Brenner, J. Brown & D. Canter (Eds.) The research interview: Uses and approaches. New York: Academic Press.

Burton, A. & Associates, (1972). Twelve therapists. San Francisco, CA.: Jossey-Bass.

Calder, K. T. (1980). An Analyst's Self Analysis. Journal of the American Psychoanalytic Association, 28, 5-20.

Canadian Guidance and Counselling Association (1989). Guidelines for ethical behaviour. Ottawa: Author.

Casement, P. (1985). On Learning from the Patient. London: Tavistock Publications.

Cerney, M. S. (1985). Countertransference revisited. Journal of Counseling and Development, 63, 362-364.

Cherniss, C. (1980). Professional burn-out in human service organizations. New York: Praeger.

Chessick, R. D. (1986). Transference and countertransference revisited. Dynamic Psychotherapy, 4, 14-30.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), Existential-Phenomenological Alternatives to Psychology (pp. 48-71). New York: Oxford University Press.

Corey, G., Corey, M., & Callanan, P. (1988). Issues and ethics in the helping professions (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Cormier, W. H. & Cormier, L. S. (1985). Interviewing Strategies for Helpers (2nd ed.). Monterey, CA: Brooks/Cole.

Cutler, R. L. (1958). Countertransference effects in psychotherapy. Journal of Consulting Psychology, 22, 349-356.

Douglas, J. D. (1985). Creative interviewing. Beverly Hills, CA: Sage Library of Social Research (Vol. 159).

Egan, G. (1986). The Skilled Helper (3rd ed.). Monterey, CA: Brooks/Cole.

Fiedler, F. E. (1951). A method of objective quantification of certain countertransference attitudes. Journal of Clinical Psychology, 7, 101-107.

Fliess, R. (1942). The metapsychology of the analyst. Psychoanalytic Quarterly, 11, 211-227.

Ford, E. S. C. (1963). Being and becoming a psychotherapist: The search for identity. American Journal of Psychotherapy, 17, 472-482.

Freud S. (1910). The future prospects of psychoanalytic therapy. In E. Jones (Ed.) Collected Papers of Sigmund Freud. (Vol. 2). New York: Basic Books, 1959.

Fromm, M. G. (1978). The patient's role in the modulation of countertransference. Contemporary Psychoanalysis, 14, 279-290.

Fromm-Reichmann, F. (1950). Principles of intensive psychotherapy. Chicago: University of Chicago Press.

Gelso, Ch. J. & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist, 13, 155-243.

Goetz, J. P. & Le Compte, M. D. (1984). Ethnography and Qualitative Design in Educational Research. Orlando, FL: Academic Press.

Goldfried, M. R. & Davison, G. C. (1976). Clinical behaviour therapy. New York: Holt, Rinehart & Winston.

Goldklank, S. (1986). My family made me do it: The influence of family therapists' families of origin on their occupational choice. Family Process, 25, 309-319.

Harré, R. & Lamb, R. (Eds.). (1983). The Encyclopedic Dictionary of Psychology. Oxford: Blackwell Reference.

Harris, B. M. (1976). Recalled childhood experiences of effective child psychotherapists. (Doctoral dissertation, California School of Professional Psychology, San Francisco, (1975). Dissertation Abstracts International, 36, 3607-B.

Heiman, P. (1950). On countertransference. International Journal of Psycho-Analysis, 31, 81-84

Henry, W. E., Sims, J. H., & Spray, S. L. (1973). Public and private lives of psychotherapists. San Francisco, CA.: Jossey-Bass.

Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. Human Studies, 8, 279-303.

Keller, J. F. & Protinsky, H. (1984). A self-management model for supervision. Journal of Marital and Family Therapy, 10, 281-288.

Kernberg, O. (1965). Notes on countertransference. Journal of the American Psychoanalytic Association, 13, 38-56.

Kiesler, D. J. (1979). An Interpersonal Communication Analysis of Relationship in Psychotherapy. Psychiatry, 42, 299-311.

Kottler, J. A. (1987). On being a therapist (2nd ed.). San Francisco, CA: Jossey-Bass.

Langs, R. (1974). The technique of psychoanalytic therapy (Vol. 2). New York: Jason Aronson.

Langs, R. (1976). The therapeutic interaction, (Vol. 2). New York: Jason Aronson.

Liaboe, G. & Guy, J. D. (1987). Assessing the current stereotype of the psychotherapist's family of origin relationships. Psychotherapy in Private Practice, 5(2), 103-113.

Lincoln, Y. & Guba, E. (1984). Naturalistic inquiry. Beverly Hills, CA: Sage.

Meador, B. D. & Rogers, C. R. (1984). Person-Centered Therapy. In R. J. Corsini (Ed.), Current psychotherapies (3rd ed.) (pp. 142-195). Itasca, IL: Peacock Publishers.

Miles, M. B. & Huberman, A. M. (1984). Qualitative data analysis. Beverly Hills, CA: Sage.

Milliken, R. L. & Kirchner, R. (1971). Counselor's understanding of student's communication as a function of the counselor's perceptual defense. Journal of Counseling Psychology, 18, 14-18.

Osborne, J. W. (1990). Some Basic Existential-Phenomenological Research Methodology for Counsellors. Canadian Journal of Counselling, 24, 79-91.

Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. Psychotherapy, 21, 431-438.

Patton, M. Q. (1987). How to use qualitative methods in evaluation. Newbury Park, CA: Sage.

Peabody, S. A. & Gelso, Ch. J. (1982). Countertransference and empathy: The complex relationship between two divergent concepts in counselling. Journal of Counselling Psychology, 29, 413-419.

Racker, H. (1968). Transference and countertransference. London: The Hogarth Press.

Racusin, G. R., Abramowitz, St. I., & Winter, W. D. (1981). Becoming a therapist: Family dynamics and career choice. Professional Psychology, 12, 271-279.

Reich, A. (1951). On countertransference. International Journal of Psycho-Analysis, 32, 25-31.

Reich, A. (1960). Further remarks on countertransference. International Journal of Psycho-Analysis, 41, 389-395.

Reich, G. (1984). Der Einfluss der Herkunftsfamilie auf die Taetigkeit von Therapeuten and Beratern. (The influence of the family of origin on therapists' and counsellors' work). Praxis der Kinderpsychologie, 33, 61-69.

Rimm, D. C. & Masters, J. C. (1974). Behaviour therapy: Techniques and empirical findings. New York: Academic Press.

Robbins, St. B. & Jolkovski, M. P. (1987). Managing countertransference feelings: An interactional model using awareness of feeling and theoretical framework. Journal of Counseling Psychology, 34, 276-282.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 95-103.

Samson, A. J. (1984). A phenomenological study of counsellors' subjective experiences of client crying. Unpublished master's thesis, University of Victoria, British Columbia.

Sandler, J., Dare, C. & Holder, A. (1973). The Patient and the Analyst. New York: International Universities Press.

Sank, L. & Prout, M. (1978). Fledgling therapist. Professional Psychology, 9, 638-645.

Schmidbauer, W. (1977). Die hilflosen Helfer. (Helpless Helpers). Reinbeck bei Hamburg: Rowohlt.

Simkin, J. S. & Yontef, G. M. (1984). Gestalt Therapy. In R. J. Corsini (Ed.), Current psychotherapies (3rd ed.) (pp. 279-319). Itasca, IL: Peacock Publishers.

Singer, B. & Luborsky, L. (1977). Countertransference: A comparison of what is known from the clinical vs. quantitative research. In A. S. Gurman & A. M. Razin (Eds.), Effective psychotherapy: An empirical assessment. New York: Pergamon.

Springmann, R. R. (1986). Countertransference: Clarifications in Supervision. Contemporary Psychoanalysis, 22, 252-277.

Stone, G. L. (1984). Counseling. In R. J. Corsini (Ed.), Encyclopedia of psychology (Vol. 1). New York: John Wiley & Sons.

Stotland, E. & Canon, L. (1972). Social psychology, a cognitive approach. Philadelphia, NJ: W. B. Saunders.

Sullivan, H. S. (1949). The theory of anxiety and the nature of psychotherapy. Psychiatry, 12, 1-12.

Thomas, R. M. (1985). In: Husen, T. & Postlethwaite T. N. (Eds.) The international encyclopedia of education (Vol. 4). Oxford: Pergamon Press.

Watkins, C. E. Jr. (1983). Counsellor acting out in the counseling situation: An exploratory analysis. Personnel and Guidance Journal, 61, 417-423.

Watkins, C. E. Jr. (1985). Countertransference: Its impact on the counselling situation. Journal of Counselling and Development, 63, 356-359.

Wilson, G. T. & Evans, I. M. (1977). The therapist-client relationship in behaviour therapy. In A. S. Gurman & A. M. Razin (Eds.), Effective psychotherapy: A handbook of research (pp. 544-565). Oxford: Pergamon Press.

Yulis, S. & Kiesler, D. J. (1968). Countertransference response as a function of therapist anxiety and content of patient talk. Journal of Counselling and Clinical Psychology, 32, 413-419.

APPENDIX A

LETTER TO PROSPECTIVE PARTICIPANTS

University of Victoria
Faculty of Education
P.O. Box 1700,
Victoria

Date: .....

Dear Mr./Mrs. .....

I am working on my Master's Degree in Counselling at the University of Victoria and am conducting a study on how counsellors become aware and deal with their own stressful feelings evoked by clients.

I am looking for professional counsellors using an eclectic, humanistic or behavioural approach with at least three years experience, who would be willing to participate.

Preferably, a participant would be introspective (aware and willing to explore his or her "inner" experience) and articulate (able to recount this experience in clear, explicit terms).

The study will employ a descriptive methodology focusing on participants' subjective experiences. The goal is not to verify any particular theoretical assumption, but to understand and describe counsellors' experience in their own terms.

Participants will be interviewed by the researcher for approximately 60 to 90 minutes. They will be asked to describe in detail their experience of and reaction to a major stressful behaviour of a significant other in their family of origin as well as their experience of and reaction to a client with a similar behaviour.

The interview will be taped and transcribed and participants will have opportunity to review and clarify their personal accounts. Full confidentiality is assured.

I would really appreciate your involvement and will be glad to answer any further questions you may have.

Thank you for your attention to my letter.

Sincerly,
Anne Friedinger, Phone

APPENDIX B

PREPARATION GUIDE FOR THE INTERVIEW

a) Choosing Issue:

We all have influences in our lives that effect our practice. Some of them are experiences with significant others in our childhoods.

As you go over the following list, check those behaviours that were demonstrated by a significant other of yours and that you experienced as emotionally significant for you in growing up in your family.

lying	placating
yelling	sarcasm
verbal aggression	ridiculing
threatening	name-calling
threat of physical harm	victim behaviour
dependent behaviour	rejection
criticism	dogmatic behaviour
flattering	domineering
blaming	overly talkative
seductive behaviour	silence
withdrawing	arguing
commanding	preaching
advising	interrogating
diverting	moralizing
denial	accusing
complaining	indifference
physical abuse	making feel guilty
other:	

Now, decide which of the chosen behaviours you have experienced at times as difficult, uncomfortable or distressful for you to respond to, if demonstrated by a client in a session.

What behaviour did you choose and who demonstrated it, when you were a child?

b) Childhood Memory:

Take a few moments to think about a time in your childhood, that is still vivid in your memory, when your ... (significant other) used to ... (particular behaviour of significant other). Please remember this time with as much detail as possible, thinking about the context, the behaviour of your significant other, your experience and your reactions.

c) Client Memories:

Now, please try to remember with as much detail as possible specific incidents with clients of yours who, in sessions, demonstrated ... (same or similar behaviour as your significant other in the past).

Can you think of an incident, when responding to a client's ... (particular behaviour) felt particularly difficult or stressful?
What was it that contributed to your strong inner reactions?

Can you think of an incident, when responding to a client's ... (particular behaviour) felt relatively easy?
What was it that contributed to making it so?

APPENDIX C

CONSENT FORM

Investigator: Anne Friedinger

I, ... consent to being part of this study of counsellors' awareness and cognitive management of stressful feelings in working with clients.

I understand that my involvement in this study is completely voluntary and that I may decide to withdraw at any point without negative consequences.

I am aware that I will be interviewed by the researcher and asked to describe my experience and reactions to a major stressful behaviour of a significant other in my family of origin as well as my experience and reactions with similar client behaviour.

I understand that a series of open-ended questions will be asked of me, to fully describe how I become aware and deal with own stressful feelings in working with clients.

I am aware that my involvement in this project will be kept strictly confidential by the researcher, and that the results of this study will in no way identify me or other related persons.

|_| I wish that the tapes are transcribed by the researcher only.

|_| I do not mind if the tapes are transcribed by a professional typist, as long as my name is not mentioned on the tape and the typist signs a commitment to keep strict confidentiality.

Signed:.....

Date:.....

APPENDIX D

PROFESSIONAL BACKGROUND QUESTIONS

Participant's Code Letter: ...

Age-group (e.g. 20-30, 30-40): ..... Sex:.....

Professional Education -
where (e.g. university, private institute etc.): .....
.....
no. of years: .....
degree: .....
training in (type of counselling): .....
.....
.....
.....

Currently Most Used Counselling Approach(es): .....
.....
.....

Place of Work (e.g. public agency, private practice etc.):
.....

Type of Clients working with -
at present: .....
.....
in the past: .....
.....
.....
.....

Years of Experience - part time: .....
full time: .....

APPENDIX E

CONCEPTUAL INTERVIEW GUIDE

1. BACKGROUND

From your perspective, what was your family like when you grew up?	- parents, siblings, birth order, relationships, atmosphere, changes

2. CHILDHOOD MEMORY

Describe a time when your significant other used to demonstrate stressful behaviour, your experience and reactions.	- context, antecedents, age - behaviour of other (how, how often) - inner reaction (thoughts, feelings) - overt response - family rules around ... behaviour

3. CLIENT MEMORIES

a. Particularly difficult or stressful client incident? What contributed to own strong reaction?	- context - client behaviour - inner reaction - overt reaction
b. Client incident were it felt relatively easy. What made it so?	- circumstances that made it easy

4. USUAL INNER REACTION

How do you usually react subjectively when a client demonstrates this type of behaviour that is stressful to you?	- feelings, thoughts, impulses, physical reactions, expectations, fantasies - change over time / if yes: due to ? - exact trigger(s) for own reaction - strongest trigger

- how involved feeling with client
- what could observer see

Summary of my understanding of their reactions to clients and perception check before going on

5. CONCEPTUALIZATION

How do you explain to yourself, what is happening to you, when you have the inner (or overt) reaction of ... to ... client behaviour?(or: lack of reaction)

- in own words
- how is it like (thoughts, feelings)
- use for own reaction
- what is most crucial in those instances when you have this reaction

- what does client behaviour mean
- can you relate in any way to this type of behaviour
- how come clients evoke those reactions
- name/theor. terms (def., preferences)

6. AWARENESS

How do you usually become aware of own ... (stressful reactions)?

- indicators, circumstances
- when (session, career)
- what makes becoming aware easier or more difficult for you
- strategies to enhance awareness
- what is important for you to be aware of
- consequences of being aware of that / not aware of that
- how are consequences like for you

7. COGNITIVE MANAGEMENT

What are you usually doing, in the moment, when you become aware of own stressful reactions? (or: when clients demonstrate ... behaviour)

- in/ between sessions
- dilemmas, concerns - how solved
- specific changes to deal better with own reaction
- specific steps
- how learnt to do what doing

- things that work for you in dealing with those clients / how?
- what does not work for you in dealing with those clients / why?
- realistic aims

8. How was talking about this for you?

9. Based on your experience with own stressful reactions in working with clients, what suggestions would you like to offer to counsellors who are starting to work?

10. Is there anything you want to add?

VITA

Surname: Friedinger Given Names: Anna Laura

Place of Birth: Zuerich, Switzerland

Date of Birth: October 12, 1947

Educational Institutions Attended:

Teachers Training College of Zuerich	1967 to 1968
University of Zuerich	1982 to 1984
University of Victoria	1984 to 1987
University of Victoria	1987 to 1991

Degrees Awarded:

Teachers Diploma	Teachers College Zuerich	1968
B.A.	University of Victoria	1987

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Title of Thesis:

COUNSELLORS' STRATEGIES FOR MANAGING THEIR STRESSFUL REACTIONS TO CLIENTS

Author: A. Friedinger
(Signature)

ANNA LAURA FRIEDINGER

April 30, 1991
(Date)